

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 4 1957

33478

STATE FILE NUMBER

318

1003

8830

Registration District No. Primary Registration District No.

Registration District No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri, b. COUNTY	
b. CITY OR TOWN St. Louis, <small>(If outside corporate limits, give TOWNSHIP only) Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></small>		c. CITY OR TOWN St. Louis, <small>Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></small>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Hospital,		Length of stay in 1b 22	
d. STREET ADDRESS 4642 Idaho Ave.,		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Infant Donald Feltmann			4. DATE OF DEATH September 18, 1957		
5. SEX Male.	6. COLOR OR RACE White,	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH September 18, 1957	9. AGE (In years last birthday) 6	IF UNDER 1 YEAR Months 6 Days 52
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Fred A. Feltmann,			14. MOTHER'S MAIDEN NAME Jean M. Valenti,		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Fred A. Feltmann, 4642 Idaho Ave.,		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity		INTERVAL BETWEEN ONSET AND DEATH Birth
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Not determined		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour 9:30 p. Month Sept Day 17 Year 57		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St. Louis, Mo.
20g. COUNTY	20h. STATE	20i. ADDRESS
21. I attended the deceased from Sept 17 to 9-18-57 and last saw her alive on 9-18-57 Death occurred at 9:30 p. m on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE M. Susanka	22b. ADDRESS 4205 Virginia	22c. DATE-SIGNED 9/20/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial,	23b. DATE 9/20/57	23c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery,
23d. LOCATION (City, town, or county) St. Louis, Missouri,	23e. STATE	23f. ADDRESS

24. FUNERAL DIRECTOR Gebken-Benz Mortuary,	ADDRESS 2842 Meramec St., St. Louis, 18, Mo.	25. DATE RECD. BY LOCAL REG. SEP 20 57	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.
--	--	--	---

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

No Embalming

Licensed Embalmer No.

2842 Meramec
P. O. Address **St. Louis,**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.