

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-016794

FILED VS APR 22 1960

2 3902

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar 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 (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b 4 Days | c. CITY OR TOWN St. Louis, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 4042 Green Lea Place Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | | | | | |
|--|----------------------------------|---|---|--|---|
| 3. NAME OF DECEASED (Type or print) First Harry Middle Wm. Last Feldmann | | | 4. DATE OF DEATH Month April Day 8, Year 1960 | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 10-10-1883 | 9. AGE (last birthday) 76 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Fire Fighter | | 10b. KIND OF BUSINESS OR INDUSTRY St. Louis Fire Dept. | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Henry Feldmann | | 13b. MOTHER'S MAIDEN NAME Elizabeth Schreiner | | 14. NAME OF HUSBAND OR WIFE Floella Feldmann | |
| 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. 500-30-3971 | 17. INFORMANT Address Mrs. Floella Feldmann - 4042 Green Lea Pl. | | |

| | | | |
|---|-------------------------------------|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) cardiac as a result of | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) arterio-sclerosis | | |
| DUE TO (c) Senility 331X | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

| | | |
|---|---|--|
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year a.m. p.m. | 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 | | COUNTY STATE |

21. I attended the deceased from **4-4-60** to **4-8-60** and last saw him alive on **4-8-60**
Death occurred at **7:20 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

| | | | |
|--|------------------------------------|---|--|
| 22a. SIGNATURE H. E. Math (Degree or title) | | 22b. ADDRESS 4110 W. Flourens Ave | 22c. DATE SIGNED 4-8-60 |
| 23a. BURIAL CREMATION, REMOVAL (Specify) Removal | 23b. DATE April 11, 1960 | 23c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri |
| 24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair Av | | 25. DATE RECD. BY LOCAL REG. APR 8 1960 | 26. REGISTRAR'S SIGNATURE Loan Smith, M.D. |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Shaw W. Hob _____

Licensed Embalmer No. W 373

P. O. Address S. Lane

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure 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.