SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5697 STATE FILE NUMBER -61-022534

FILED JUN 26 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Deaconess Hospital
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St.Louis
c. CITY OR TOWN: Webster Groves
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 586 Hollywood Pl.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: ROSEMOND H. FELDMANN
4. DATE OF DEATH Month Day Year: 6-17-1961
5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 6-19-1893
9. AGE (last birthday): 67
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (City and state or country): Kirkwood Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John Hansen
13b. MOTHER'S MAIDEN NAME: Christine Mortonsen
14. NAME OF HUSBAND OR WIFE: Herbert B.Feldmann
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---------
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Louis Feldmann Address: 586 Hollywood Pl.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 hours
DUE TO (b) arteriosclerosis, gen. — 10 years
DUE TO (c) hypertension, arterial — X
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 420.1
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 8/24/1942 to 6/17/61 and last saw her/him alive on 6/17/61
Death occurred at 5:30 AM 5:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Guy Simpson (Degree or title) MD
22b. ADDRESS 634 N. Grand 634 N Grand
22c. DATE SIGNED 6/19/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 6-20-1961
23c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
23d. LOCATION (City, town, or county) (State): Kirkwood Mo.

24. FUNERAL DIRECTOR ADDRESS: Parker-Aldrich Webster Groves Mo.
25. DATE RECD. BY LOCAL REG.: JUN 19 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

DATE AMENDED — INSTEAD OF — DOCUMENT — SHOULD READ — BY AFFIDAVIT OF — ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed V E Morris

Signature of Student Embalmer

Licensed Embalmer No. 3360

P. O. Address St Louis T

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.