

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-044194

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11682**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED DEC 14 1962**

VS 300  
Rev. 4/59

1

2 **21**

3

4 **0**

5 **0**

6

7 **0**

8 **1**

9

10

11

12 **15-0**

13

75

McDONOUGH  
 USE BLACK INK  
 OR  
 TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS, MO.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY	
b. CITY (If outside of state, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MO.</b>		c. CITY OR TOWN <b>ST LOUIS MO</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSP. #. I</b>		d. STREET ADDRESS <b>3673 LAFAYETTE AVE.</b>	

3. NAME OF DECEASED (Type or print) First <b>FRED</b> Middle <b>FEINER</b> Last			4. DATE OF DEATH Month <b>12</b> Day <b>4</b> Year <b>62</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/26/92</b>	9. AGE (last birthday) <b>70</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>REPAIR MAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RETIRED</b>		11. BIRTHPLACE (City and state or country) <b>ST LOUIS MO.</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>GEORGE FEINER</b>		13b. MOTHER'S MAIDEN NAME <b>AGNES SCHMEIDER</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO. <b>332x</b>		17. INFORMANT <b>MRS. F. Schopp</b> Address <b>3673 LAFAYETTE.</b>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) <b>Encephalomalacia</b>	INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <b>Bilateral Vertebral Artery Occlusion</b>	
DUE TO (c) <b>Generalized Arteriosclerosis</b>	

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.  
 Yes  No  Unknown

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 a.m. p.m.	Month, Day, Year
---------------------------------------	------------------

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 **11-30-62** to **12-4-62** and last saw her/him alive on **12-4-62**  
 Death occurred at **11:40 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>John McDough m.d.</b> (Degree or title)	22b. ADDRESS <b>1515 LAFAYETTE AVE</b>	22c. DATE SIGNED <b>12-4-62</b>
---	--	---------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>12/4/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ST PETER - PAUL</b>	23d. LOCATION (City, town, or county) (State) <b>ST LOUIS MO</b>
---	--------------------------	---	--

FUNERAL DIRECTOR <b>Joseph A. Howard</b> ADDRESS <b>1619 S Grand</b>	25. DATE RECD. BY LOCAL REG. <b>DEC 6 - 1962</b>	26. REGISTRAR'S SIGNATURE <b>Paul Smith M.D.</b>
--	--	--

FORM 1 1930 005,114

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Harry E. Monroel

Licensed Embalmer No. 4495

P. O. Address ST Louis mo

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.