MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 29706

Township ..... Primary Registration District No. 1003 Registered No. 8893

City St Louis (No. 5931 Wells Av. St. ..... Ward)

2. FULL NAME Baby Feistel

(a) Residence. No. 5931 Wells St., 6 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 30 - 1929

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, 20 hrs. or ..... min.
	—	—	—	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Frank Feistel Jr.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Anita George
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo.

14. INFORMANT Frank Feistel
(Address) 5931 Wells Ave

15. FILED ....., 19.. Max C Starkey Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 31st 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 30th, 1929, to Aug 31st, 1929 that I last saw her alive on Aug 31st, 1929, and that death occurred, on the date stated above, at 9 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary Atelectasis

20 hours
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) —
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Harry H. Meyer, M. D
9/1, 1929 (Address) 4903 Delmar

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St Peter - Paul County
DATE OF BURIAL: Sept 2 1929

20. UNDERTAKER: John Gelkens
ADDRESS: 2630 Gravois Av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.