

APR 25 1936

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

Do not use this space.

12352

1. PLACE OF DEATH

County St Louis Co  
Township Central  
City Clayton Mo (No. St Louis Co Hospital)

Registration District No. 790  
Primary Registration District No. 6033a

File No. \_\_\_\_\_  
Registered No. 105  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mary Ellen Feldmann

(a) Residence, No. 239 2nd Venepan Ward. \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct - 28 - 1934

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 1 4 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

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

13. NAME Albert P. Feldmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

15. MAIDEN NAME Elmer P. Finken

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

17. INFORMANT Albert Feldmann  
(ADDRESS) 239 2nd Venepan

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Woodland Mo DATE March 19 36

19. UNDERTAKER Fendler Med Co  
(ADDRESS) 744 2nd Venepan

20. FILED 3-18 1936 Dr J. J. Guarnelli  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-17-36

22. I HEREBY CERTIFY, That I attended deceased from 3-15-36, 19\_\_\_\_, to 3-17-36, 19\_\_\_\_  
I last saw h. er. alive on 3-17-36, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 3:00 am  
The principal cause of death and related causes of importance were as follows:

Cerebral lacerations (genl) Date of onset \_\_\_\_\_

Other contributory causes of importance: Bilateral hypertensive pneumonia

Name of operation Subtemp decomp. Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide or homicide? acc Date of injury 3-15-1936  
Where did injury occur? Home full down back steps  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Home full down back steps

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
Name of injury cerebral concussion

(Signed) H. J. Casagrande, M. D.  
(Address) St Louis Co Mo

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.

