OCT 5 1936

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

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Do not use this space.
33195

File No. 9102
Registered No.

1. PLACE OF DEATH

County
Township
City St. Louis (No. Alexian Brothers Hospital St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME John W. Feldmann

(a) Residence, No. R.F.D. #1 St., R.R. Ward. Kimmswick, Mo.
(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*)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 4, 1884.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
52	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

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) St. Louis (STATE OR COUNTRY) Mo.

FATHER

13. NAME Wm. Feldmann

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

MOTHER

15. MAIDEN NAME Marie Von Der Haar

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Anna Feldmann (ADDRESS) Route 1 Kimmswick, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Parklawn Cem. DATE Sept. 2 36

19. UNDERTAKER C. Hoffmeister U.&L. Co. (ADDRESS) 7814 S. Broadway

20. FILED SEP 2 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 30 1936

22. I HEREBY CERTIFY That I attended deceased from May 26 36 to Aug 29 36 I last saw him alive on Aug 29 36 Death is said to have occurred on the date stated above, at 12.10 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of right lung & Pneumonia

Date of onset

Other contributory causes of importance: Metastasis Bronchial Cancer in liver, kidneys & brain

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph L. Ferris M. D.

(Address) 4536 Virginia Ave

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.

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Off 6147