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.

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

Do not use this space.

NOV 10 1938

35311

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 125 — File No.
Township " — Primary Registration District No. 3009 — Registered No. 323
City Cape Girardeau (No. 516 William St. Ward)

2. FULL NAME Rudolph P. Feldhoff
(a) Residence, No. 516 William St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Pauline Russkamp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25, 1871

7. AGE: YEARS 67 — MONTHS 7 — DAYS 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
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) Fleinspburg, Germany

FATHER
13. NAME Peter Feldhoff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleinspburg Germany

MOTHER
15. MAIDEN NAME Anna Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleinspburg Germany

17. INFORMANT Mrs. Rudolph Feldhoff
(ADDRESS) Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lorimier Cemt DATE Oct. 23 1938

19. UNDERTAKER Haman's Funeral Home
(ADDRESS) Cape Girardeau, MO.

20. FILED 10-21, 1936 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/21, 1938, to 10/21, 1938
I last saw him alive on 10/21, 1938 Death is said to have occurred on the date stated above, at 10:00AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1935
Coronary Occlusion	

Other contributory causes of importance: 9? C

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

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? no
If so, specify .....
(Signed) George H. Walker, M. D.
(Address) Cape Girardeau MO