

REC'D MAY 10 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
791
100313130
Do not use this space.

3472

1. PLACE OF DEATH

- (a) County Registration District No.
- (b) Township Primary Registration District No. Registered No.
- or St. Louis (d) Street No. 3635 Flora St.
- (c) City (If death occurred in Hospital or Institution, write its name instead of street and number)
- (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Caroline Feuerbacher

- (a) Residence, No. 3635 Flora St. 17 (If nonresident, give city or town and State)
- (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|--|
| 3. SEX Female | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Feuerbacher | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-5-1863 | | |
| 7. AGE | YEARS 75 | MONTHS 5 |
| | DAYS 7 | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none | |
| | 9. Industry or business in which work was done, as 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, Mo. (STATE OR COUNTRY) | |
| FATHER | 13. NAME John Kraus | |
| | 14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) | |
| MOTHER | 15. MAIDEN NAME Marie (Unknown) | |
| | 16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) | |
| 17. INFORMANT Fried Feuerbacher (ADDRESS) 3635 Flora | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 4-15-1939 | | |
| 19. FUNERAL DIRECTOR (NAME) Southern Und. Co. (ADDRESS) 6322 S. Grand | | |
| 20. FILED APR 14 1939 J. B. Bredel Local Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-12-1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1938, to April 12, 1939.

I last saw her alive on April 12, 1939. Death is said to have occurred on the date stated above, at 11:30 P.M.

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

| | |
|----------------------------|------------------------|
| Mycosarcina Cetraria Major | Date of onset 11/20/38 |
| Sarcosporia St. hep | 3/18/39 |
| Sarcosporia of Lungs | 1/15/39 |
| Ch. Myocarditis | 4/7/39 |

Other contributory causes of importance:

Name of operation Removal of tumor Date of Jan 23, 1938

What test confirmed diagnosis? Pathology Was there an autopsy? No

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

Accident, suicide, or homicide? No Date of injury, 19.....

Where did injury occur? No (Specify city or town, county, and State)

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

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify No

(Signed) Henry P. Thoms, M. D.

(Address) 508 N. Grand Blvd.

Dr. Shym
Metropolitan Hwy
2-3
Grand Old

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.....

Frank Ludwig

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Frank Ludwig*

Licensed Embalmer No. *2504*

P. O. Address *6322 So Grand*

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 this body is not embalmed, above space should be left blank.