

30 1939

MAY 11 1939

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

16078  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 7820

(b) Township St. Ferdinand Primary Registration District No. 713 Registered No. 775

(c) City Florissant (d) Street No. Dunn Rd. St. \_\_\_\_\_  
(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 Mary M. Feldmeyer

(a) Residence, No. Florissant Missouri st.  Dunn Road  
(Usual place of abode, if no street address, write county or city) (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1864

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

74	9	23	
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8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as saw mill, bank, etc. Home

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) Illinois

FATHER

13. NAME Saeger

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

MOTHER

15. MAIDEN NAME unknown

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

17. INFORMANT Christ Paschal  
(ADDRESS) Dunn Rd. -- Florissant

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial park DATE May 1, 1939

19. FUNERAL DIRECTOR (NAME) Cullen & Kelly  
(ADDRESS) 7267 E. ATL. BRIDGE

20. FILED APR 30 1939 D. R. Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 9.30 PM.

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

Cerebral Hemorrhage  
(hemorrhage)

Other contributory causes of importance: \$2.00

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis Clinical signs 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) John Howell M. D.  
(Address) Croner of St. Louis County, 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.

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25-10-19

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**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 .....

Registered Apprentice No. ...., working under my personal supervision.

Signed

*Clement McNeary*

Licensed Embalmer No.

*3732*

P. O. Address

*St Louis*

**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.**