

Registration District No.

791

Primary Registration District No.

Registrar's No.

9192

## 1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis, Mo.  
 (c) Name of hospital or institution: Deaconess Home & Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 16 days  
 (Specify whether years, months or days) 40 years

3. (a) PRINT FULL NAME Albert G. Feutz, 3203. (b) If veteran,  
name war Unknown3. (c) Social Security  
No. 490-12-01754. Sex Male5. Color of  
race White6. (a) Single, widowed, married,  
divorced Widowed6. (b) Name of husband or wife Clara E.6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years7. Birth date of deceased April 4th, 1867  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day.

72622

hr. min.

9. Birthplace Highland, Illinois  
(City, town, or county) (State or foreign country)10. Usual occupation Funeral Director11. Industry or business Hy. Leidner Und. Co.12. Name Fred Feutz13. Birthplace Switzerland  
(City, town, or county) (State or foreign country)14. Maiden name Louise Ruedi,  
(City, town, or county) (State or foreign country)15. Birthplace Switzerland  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Agatha Leuchter(b) Address 4659 Moraine Ave.,17. (a) Burial (b) Date thereof Oct 30th, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Johns Cem.18. (a) Signature of funeral director Hy. Leidner Und. Co.(b) Address 1417 N. Market Street.19. (a) OCT 27 1939 (b) J. F. [Signature]  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis (If outside city or town limits, write "RURAL") 9  
 (d) Street No. 4659 Moraine Ave., (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26 of Oct  
year 1939 hour 1:30 minute P M.21. I hereby certify that I attended the deceased from Jan - 1939  
to Feb, 1939 to Feb, 1939;  
that I last saw him alive on Oct 26, 1939  
and that death occurred on the date and hour stated above.Immediate cause of death Myocardial infarction  
Cerebral DegenerationDue to Anterior Stenosis

Due to \_\_\_\_\_

Other conditions 93c  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_Of autopsy no

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged statistically

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence no(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) (e) Means of injury \_\_\_\_\_23. Signature William [Signature] (M. D. or other)  
Address 4500 Olive Date signed Oct 27

*On Remains in Section 4.*

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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.....  
*John P. Buschholz 1674 & John A. Melina*, Registered Apprentice No..... *207*  
working under my personal supervision.

Signed.....

*John P. Buschholz*  
Licensed Embalmer No. *1674*

P. O. Address *2228 St Louis Ave*

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.