

Registration District No. 791Primary Registration District No. 1003Registrar's No. 1645

1. PLACE OF DEATH:

(a) City St. Louis
 (b) City or town _____
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Deaconess Hospital 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Day
 (Specify whether _____)
 In this community 66 Years
 years, months or days)

8. (a) PRINT FULL NAME John F. Feldmann8. (b) If veteran, name war None 3. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Cecelia Feldmann 6. (c) Age of husband or wife if alive 63 years7. Birth date of deceased April 17 1873
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
66 9 29 hr. min.9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Night Watchman

11. Industry or business _____

12. Name Gotlieb Feldmann13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Josephine Unknown15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs Cecelia Feldmann(b) Address *1222 Purdue Ave17. (a) Burial (b) Date thereof 2/19/40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Memorial Park Cem.18. (a) Signature of funeral director C. R. LUPTON AND SONS(b) Address #7233 Delmar Blvd19. (a) FEB 17 1940 (b) _____
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town University City NR
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1222 Purdue Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 16
year 1940 hour 3:30 minute 30 P. M.21. I hereby certify that I attended the deceased from 2-16-40
2-16-40, 1940, to 2-16-40, 1940
that I last saw h. alive on 2-16, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Perforated Peptic Ulcer 1 day
ulcer Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: no operation
Of operations _____Of autopsy Perforated Peptic Ulcer
ulcer

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 _____

(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? _____ (Specify type of place)
(e) Means of injury _____23. Signature John D. Hayward (M. D. or other) _____Address Metropolitan Bldg Date signed 2/17/40

Weight. Record
for 4141

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 Clarence H. Murray

Licensed Embalmer No. 4011.0

P. O. Address St. Louis, Mo.

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.