

S. No. 2
-11-10-39
5-17-39
P-1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20061

State File No. _____

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **5009**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: JOSEPHINE HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 27 YEARS
years, months or days

8. (a) PRINT FULL NAME CORA FELDMAN 435
8. (b) If veteran, name war NO
3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CHARLES FELDMAN
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased AUGUST 2 1882
(Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 5
If less than one day hr. _____ min. _____

9. Birthplace NEW BURG INDIANA
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business at home

12. Name HOMER GARDNER

13. Birthplace INDIANA
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH

15. Birthplace INDIANA
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Feldman
(b) Address 3956 Blaine av

17. (a) REMOVAL (b) Date thereof 6-9-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation EVANSVILLE INDIANA

18. (a) Signature of funeral director E. J. Schmirer
(b) Address 3125 Lafayette Ave

19. (a) JUN 8 1940 (b) J. P. Predeck
(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")
(d) Street No. 3956 A BLAINE AV. 17
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 6 day 7
year 1940 hour 7 minute 45 p.M.

21. I hereby certify that I attended the deceased from June 3, 1940, to June 7, 1940;
that I last saw her alive on June 7, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction to day

Due to Diabetes Chronic nephritis

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operation Obstruction of small intestine
Of autopsy None

Duration _____
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 AM D. Pew (M. D. or other)
Address 1446 S. Grand Date signed June 9/40

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

Joe B. Hollmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette 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.