

747  
No. 2  
-11-10-39  
5-17-39  
P1 X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

20413

State File No. \_\_\_\_\_

5361

Registration District No. 10571.111

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_

(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City 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 years, months or days)

3. (a) PRINT FULL NAME John Feldmeier 435

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE race WHITE

5. Color or race \_\_\_\_\_

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife ANNA M. FELDMER

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 6 15 1899  
(Month) (Day) (Year)

8. AGE: Years 81 Months 0 Days 4 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace ST. LOUIS MO  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED COAL BUSINESS

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Otto Feldmeier

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

14. Maiden name Winkler

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

16. (a) Informant Leona Feldmeier

(b) Address 3519 Blair Ave

17. (a) Burial (b) Date thereof 6/22/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand

19. (a) JUN 21 1940 (b) J. F. Bredick  
(Date of local health officer's entry) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO (b) County \_\_\_\_\_

(c) City or town ST. LOUIS 26  
(If outside city or town limits, write "RURAL")

(d) Street No. 3519 BLAIR AVE  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19, year 1940 hour 7:50 minute P. M.

21. I hereby certify that I attended the deceased from June 18, 1940 to June 19, 1940 that I last saw him alive on June 19, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

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

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

Other conditions [Signature]  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 [Signature] (M. D. or other) \_\_\_\_\_

Address 1515 Lafayette Date signed 6/20/40

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

*Em. Blank signed*

---

**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:.....

Licensed Embalmer No.....

P. O. Address.....

**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.**