

Registration District No. 12791

Primary Registration District No. 1003

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

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.

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:  
4230 Connecticut St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Carl Feuerherd  
8. (b) If veteran, name war \*\*\*\*\* 8. (c) Social Security 1263  
N490-01-2833

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Louise Feuerherd 6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased May 6 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 2 7 hr. 1 min.

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

10. Usual occupation Cashier

11. Industry or business Superior Pressed Brick Co

MOTHER FATHER  
12. Name Fritz Feuerherd  
13. Birthplace Germany  
14. Maiden name Marie Haase  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Louise Feuerherd  
(b) Address 4230 Connecticut St

17. (a) Cremation (b) Date thereof July 16 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Petz Brothers  
(b) Address 3029 Lafayette Ave

19. (a) JUL 15 1940 (b) J. F. Bredick  
(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. 4230 Connecticut St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 45 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13th day July  
year 1940 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from April 16  
1934 to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on June 28, 1937

and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart due to coronary atherosclerosis & myocarditis chronic  
Due to sudden death  
hypertension & dyspnea to gas  
Duration \_\_\_\_\_

Other conditions O. K. Feuerherd  
(Include pregnancy within 3 months of death)

Major findings: As above  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 J. P. Edmeades (M. D. or other) \_\_\_\_\_  
Address 246 Morganfield Date signed July 15, 1940

3146  
Morganfield

**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 Paul J. Owen

Licensed Embalmer No. 2245

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.**