

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6097

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: West Broad Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 mo. 2 days
(Specify whether
 In this community St. Louis
years, months or days)

3. (a) PRINT FULL NAME HENRY S. FELDMER

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARGARET 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased JAN 10 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>6</u>	<u>8</u>	hr. min.

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

10. Usual occupation FURNITURE FINISHER.

11. Industry or business RETIRED

MOTHER FATHER { 12. Name STEPHAN FELDMER.

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

14. Maiden name ELIZABETH MUELLER

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

16. (a) Informant's own signature Margaret Feldmer

(b) Address 5020 LOUISIANA AV.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 23-40
(Month) (Day) (Year)

(c) Place: burial or cremation MNT OLIVE CEM.

18. (a) Signature of funeral director J. P. McQuibban

(b) Address 7134 McQUIBBAN.

19. (a) 7-21-40 (Data received local registrar) (b) J. F. Brebeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5020. LOUISIANA AV.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
 year 1940 hour 3 minute 10 P.M.

21. I hereby certify that I attended the deceased from May 11
 _____, 1940, to July 18, 1940;
 that I last saw him alive on July 16, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension
Cardio-vascular disease
General arteriosclerosis
 Due to Apoplexy

Duration
<u>5 yrs</u>
<u>20 yrs</u>
<u>1 mo</u>

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
 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 M. D. Patterson (M. D. or other)
 Address 7624 So. Broadway Date signed 7/18/40

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.

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.....

J. P. Fendler Jr.

Licensed Embalmer No. 925

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.