

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37164**
Registrar's No. **9437**

Registration District No. **791-1** Primary Registration District No. _____

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:
3551 Sidney 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 Lifetime
years, months or days

3. (a) PRINT FULL NAME Max W. Feuerbacher

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Laura T. 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased June 20th 1979
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 4 26 _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Attorney at Law

11. Industry or business _____

12. Name Max J. Feuerbacher

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

14. Maiden name Minna Wallenbrock

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

16. (a) Informant Max W. Feuerbacher

(b) Address 33 Aberdeeb Place

17. (a) Burial (b) Date thereof 11/19/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Wagoner Und. Co

(b) Address 3621 Olive St.

19. (a) NOV 18 1940 (b) J. F. Bredesch
(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. 3551 Sidney St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19 (sixteenth) year 1940 hour nine minute twenty P.M.

21. I hereby certify that I attended the deceased from December 1938 to November 16, 1940

that I last saw him alive on November 16, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____
Due to _____

Other conditions Hypertension
(Include pregnancy within 3 months of death)

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) (a) Means of injury _____

23. Signature Charles W. Duden (M. D. or other) _____
Address 3120 Washington Date signed 11-16-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

FILED DEC 17 1940

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 *Neville D. Prokewitter*
Licensed Embalmer No. *3696*
P. O. Address *3621 Olive St*

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.