

REG APR 15 1941 85  
Registration District No. 1001Primary Registration District No. 1001

## 1. PLACE OF DEATH:

(a) County Buchanan  
 (b) City or town St. Joseph  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution 1615 Bell  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1  
 (Specify whether  
 In this community 48 years  
 years, months or days)

3. (a) PRINT FULL NAME NANCY FELTENSTEIN

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

4. Sex female / 5. Color or race Wht.  
 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife David W. Feltenstein  
 (c) Age of husband or wife if alive 76 years  
 7. Birth date of deceased April 5th. 1870  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 10 28 hr. min.

9. Birthplace Chicago Ill. 1  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife11. Industry or business Home

MOTHER FATHER { 12. Name Julius Euphrat  
 13. Birthplace unknown Germany 4  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Johanna Reich  
 15. Birthplace unknown Germany 4  
 (City, town, or county) (State or foreign country)

16. (a) Informant Dr. David W. Feltenstein(b) Address 1615 Bell St. Joseph, Mo.

17. (a) Burial (b) Date thereof 3-5-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shaare Sholem18. (a) Signature of funeral director FLEEMAN & SON INC.(b) Address St. Joseph, Mo.

19. (a) 3-5-1941 (b) A. J. McElvick  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan  
 (c) City or town St. Joseph  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1615 Bell  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd.  
 year 1941 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 18, 1937, to March 3, 1941,  
 that I last saw her alive on March 3, 1941,  
 and that death occurred on the date and hour stated above.

## Immediate cause of death

Mitral insufficiency  
Cardiac hypertrophy

## Duration

15 yrs

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

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

Acute cardiac dilatation3-3-41

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

## Major findings:

Of operations -Of autopsy -

## PHYSICIAN

Underline  
 the cause to  
 which death  
 should be  
 charged sta-  
 tistically.

## 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? \_\_\_\_\_

(e) While at work? \_\_\_\_\_ (Specify type of place)

(f) Means of injury \_\_\_\_\_

23. Signature J. P. Senior (M. D. or other) M.D.  
 Address St. Joseph, Mo. Date signed 3-5-41

DEC 3 1948

MAY 2 1949

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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 \_\_\_\_\_

working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

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, fact should be so stated above.**