No. 2
-14-41
-17-39
X26390

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

FWD JUN 6 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19383

Registration District No. 784 Primary Registration District No. 117 Registrar's No. 1107

1. PLACE OF DEATH:
(a) County St. Louis Co.
(b) City or town Webster Groves.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 554 W. Big Bend Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves.
(If outside city or town limits, write "RURAL")
(d) Street No. 554 W. Big Bend Rd.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Herbert B. Feldmann.
3. (b) If veteran, name war World War
3. (c) Social Security No 087-05-2617
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rosamond Feldmann
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Dec (Month) 27 (Day) 1897 (Year)

8. AGE: Years	Months	Days	If less than one day
43	4	25	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation V-Pres.
11. Industry or business Mulitplex Disp. Fix. Co.
FATHER 12. Name Louis Feldmann Jr.
13. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name Ida May Chase
15. Birthplace Clinton (City, town, or county) Ills. (State or foreign country)
16. (a) Informant Rosamond N. Feldmann
(b) Address 554 W. Big Bend Rd. Webster
17. (a) Bunial (Burial, cremation, or removal) (b) Date thereof 5-24-41 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem
18. (a) Signature of funeral director Louis H. Bopp Inc.
(b) Address Kirkwood Mo.
19. (a) MAY 24 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1941 hour ..... minute 6 A. M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — *Duration*
A Accident
Overdose of Membutal
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Yes

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Louis H. Bopp Coroner (M.D. or Coroner)
Address Kirkwood, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

JAN 6 1942

JAN 6

OCT 19 1942

DEC 22 19

JAN 9 1942

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 John M Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.