

No. 2
4-13-40
5-17-39
X23159

FILED JUL 21 1941

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5381

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.
3823 Meramec St., /
(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. 50 Yrs.

3. (a) PRINT FULL NAME Marie Feigenspan

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Nov. 18th, 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

82 7 9 hr. min.

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

10. Usual occupation At home

11. Industry or business.....

MOTHER FATHER {

12. Name Not known

13. Birthplace Not known
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mathilda Jaeger

(b) Address 3823 Meramec St.,

17. (a) Burial (b) -Date thereof 6/30/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Egypt Burial Park

18. (a) Signature of funeral director John Ziegenhain

(b) Address 7027 Gravois Ave

19. (a) JUN 30 1941 (b) [Signature]
(Date received from 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. 3823 Meramec St.,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 50 Yrs. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th
year 1941 hour four minute 51 P. M.

21. I hereby certify that I attended the deceased from April 16th, 19 41 to June 27th, 19 41
that I last saw her alive on June 26th, 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis

Duration 3 da.

Due to.....

Due to.....

Other conditions Chronic Nephritis and Diabetes 2 Mo.
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....
Of autopsy.....

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 XXX

(c) Where did injury occur? XX
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
XXX

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

23. Signature [Signature] (M. D. or other) M. D.
Address 3608 S. Grand Blvd. Date signed 6/28/41

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

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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Travis

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.