S. No. 2
1-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40529

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 10281

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

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: CITY HOSPITAL O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 40 yrs. years, months or days)

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. 1318 Shenandoah (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edith Feck

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 married

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

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased May (Month) 1 (Day) 1898 (Year)

8. AGE: Years 43 | Months 7 | Days 24 | If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Joseph Gloss
13. Birthplace (City, town, or county) Poland (State or foreign country)

MOTHER
14. Maiden name Francds Judiski
15. Birthplace (City, town, or county) Poland (State or foreign country)

16. (a) Informant Felix Feck

(b) Address 1318 Shenandoah

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-41 (Month) (Day) (Year)

(c) Place: burial or cremation N. S.S. Peter&Paul

18. (a) Signature of funeral director

(b) Address 7027 Gravois Ave

19. (a) (Date received local registrar) DEC 20 1941 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25 year 1941 hour 8 minute 30 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 Second degree burns face, hands and legs, Acute Trachitis and Bronchitis, when the bus on which she was a passenger, driven by one Walter Wroughton, collided with an automobile driven by one Solomon George, at the intersection of 9th & Allen Ave., the bus proceeded southeastwardly into the corner of Wachter's Drug Store at 2000 S. 9th St. thru a small wall, then into a 200 gallon fuel tank then crashing through a 13 inch wall of a residence at 2006 S. 9th St. setting fire to the bus, about 1:10 o'clock A.M. on December 25, 1941.

Duration

Due to

Due to

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 statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Dec. 25, 1941

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place (Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas F. Callanan (M.D. or other)

Address Deputy Coroner Date signed 12/26/41

(Licensed Embalmer's Statement on Reverse Side)

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 Gravois

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.