S. No. 2
1—1-4-41
. 5-17-39
P I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1942

Registration District No. 7911

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4316

Primary Registration District No. 1005

Registrar's No. 2029

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: Enroute to City Hospital
(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 Mo. (b) County St. Louis

(c) City or town Overland NR 12
(If outside city or town limits, write "RURAL")

(d) Street No. 8665 North Overland
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Herman H. Feeler

3. (b) If veteran, name war no

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 Pansy Feeler

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased 12 (Month) 31 (Day) 1900 (Year)

8. AGE: Years 41 Months 2 Days 4 If less than one day hr. min.

9. Birthplace Mary's County Mo (City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business U.S. Post Office

FATHER
12. Name Henry J. Feeler
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Tavie Pellican
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Pansy Feeler
(b) Address 8665 N. Overland Overland Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-42 (Month) (Day) (Year)
(c) Place: burial or cremation Rolla Mo.

18. (a) Signature of funeral director Kriegshauser Mort.
(b) Address 4228 S. Kingshighway Blvd.

19. (a) Mar 6 1942 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 5 year 1942 hour 2 minute 10 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: Fracture Skull Subdural Hemorrhage of Brain Fracture both Legs when he was struck by a

Due: automobile Driven by one Joseph Farmer about 70 feet North of Northwood ave about 2:15 am 3/5/42

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 St Louis Mo 3/5/42 (City or town) (County) (State)
(c) Where did injury occur? Public Place (Specify type of place)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed 3/6/42

(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 Reinhold K. Lohrmann

Licensed Embalmer No. 3395

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.