

Registration District No. **791**

Primary Registration District No. **1003**

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9
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:
1838 N. Jefferson Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
in this community **63 years.**
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. **1838 N. Jefferson Ave.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **8th**
year **1942** hour **6:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **August 10th** 19 **41**, to **June 8th** 19 **42**
that I last saw her alive on **June 8**, 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Due to **Cardio-Vascular Renal Disease**

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

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

23. Signature **Wm. F. Simpson** (M. D. _____)
Address **1115 Victoria St. St. Louis** Date signed **JUN 9, 42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Elise A. L. Feldmann**

3. (b) If veteran, name war **No** 3. (c) Social Security **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Fred Feldmann** 6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **August 18, 1878**
(Month) (Day) (Year)

8. AGE: Years **63** Months **9** Days **21** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business _____

12. Name **John Kuhlmann**

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

14. Maiden name **Caroline Redeker**

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

16. (a) Informant **Miss Ruth Feldmann**

(b) Address **1838 N. Jefferson Ave.,**

17. (a) **Burial** (b) Date thereof **June 11, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters Cemetery**

18. (a) Signature of funeral director **Wm. M. Schumacher**

(b) Address **4834 Natural Bridge**

19. (a) **JUN 9 1942** (b) **W. F. Simpson**
(Date received local registrar) (Registrar's signature)

115 Victor St.
St. Louis, Mo.

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.....

John A. Melina....., Registered Apprentice No.....
working under my personal supervision.

Signed John A. Melina.....

Licensed Embalmer No. 4186.....

P. O. Address St. Louis, Mo.....

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.