. No. 2
—5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

OCT 1 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28705

State File No. 7742

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Alexian Bros. Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3½ wks. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: 000 17

(c) City or town: St. Louis 239
(If outside city or town limits, write "RURAL")

(d) Street No.: 2013 Congress St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No): N

If yes, name country

3. (a) PRINT FULL NAME: Frank Feistel Sr.

3. (b) If veteran, name war: no.

3. (c) Social Security No.: no.

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: widower

6. (b) Name of husband or wife: Mary Feistel

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

7. Birth date of deceased: Sept. (Month) 9 (Day) 1856 (Year)

8. AGE: Years 86 | Months 0 | Days 6 | If less than one day hr. min.

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

10. Usual occupation: Cabinet Maker Retired

11. Industry or business:

FATHER 12. Name: Unknown Feistel

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

MOTHER 14. Maiden name:

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

16. (a) Informant: William Feistel

(b) Address: 6028 Arendes Dr.

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

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

18. (a) Signature of funeral director: Witt Bro. L. N. Co.

(b) Address: 2929 S. Jefferson Av.

19. (a) SEP 17 1942 (Date received local registrar) (b) J. F. Beedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15 year 1942 hour 3 minute 20 p. m.

21. I hereby certify that I attended the deceased from 8/13/ 1942 to 9/15 1942 that I last saw him alive on 9/15 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial Hypostatic Pneumonia — Duration 3 days

Due to: Senile Dementia — 2 years

Due to: Arteriosclerosis

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

Major findings:
Of operations:

Of autopsy:

107

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: [illegible] (M. D. or other)

Address: 3958 S. Broadway Date signed 9/16/42

(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 Paul A. Shanklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 2929 So. Jefferson

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.