

No. 2
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5-17-39
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28706

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7919
Registrar's No.

Registration District No. 318

Primary Registration District No. 1003

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:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 DAYS
In this community 28 YRS.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS
(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 444 CALIFORNIA
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME C. Chase Feldmann
(b) If veteran, name war No.
(c) Social Security No. 489-03-9486

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 22
year 1942 hour 10 minute 10 a. M.
21. I hereby certify that I attended the deceased from August 29 1942 to September 22 1942;
that I last saw him alive on September 22 1942;
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, MARRIED, divorced MARRIED
6. (b) Name of husband or wife ELISE B. FELDMANN
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased MARCH-19-1900
(Month) (Day) (Year)

Immediate cause of death chronic myelogenous leukemia
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 74

8. AGE: Years Months Days If less than one day
42 6 3 — hr. — min.

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation EXECUTIVE

11. Industry or business MULTIPLEX DISPLAY FIXTURE Co.

12. Name LOUIS FELDMANN JR.

13. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name IDA MAY CHASE

15. Birthplace CLINTON ILLINOIS
(City, town, or county) (State or foreign country)

16. (a) Informant John E Meyer

(b) Address 54 WEBSTER WOODS W.G.

17. (a) BURIAL (b) Date thereof SEPT. 24 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEMETERY

18. (a) Signature of funeral director Parker and Co

(b) Address WEBSTER GROVES MO.

19. (a) SEP 29 1942 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

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? (c) Means of injury
23. Signature R. W. Dempsey (M. D. or other)
Address BARNES HOSPITAL Date signed 9-22-42

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



JAN 12 1943

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.....

W. G. Aldrich

Licensed Embalmer No.....

1332

P. O. Address.....

White Grove

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.