

U. S. No. 2  
FORM-5-42  
Rev. 5-17-39  
I X32873

38692

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10505

Registration District No. 378

Primary Registration District No. 1003

Registrar's No.

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:  
En Route to City Hospital #1 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
17

(c) City or town St. Louis 9 23  
(If outside city or town limits, write "RURAL")

(d) Street No. 1331 S. Broadway  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Henry Feldmann

3. (b) If veteran, name war \*\*\*\*\*

3. (c) Social Security No. \*\*\*-\*\*-\*\*\*\*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11th day December  
year 1942 hour 12:15 minute P. 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.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Widower

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

7. Birth date of deceased September 1 1865  
(Month) (Day) (Year)

Immediate cause of death Intestinal Obstruction  
due to Ulcerative Diverticulitis;  
Chronic Myocarditis; Chronic  
Due to Interstitial Nephritis.

Due to.....

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

77 3 10 hr. min.

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Coal Miner

11. Industry or business

12. Name Gerhard H. Feldmann

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

14. Maiden name Mary Dust

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

16. (a) Informant Clarence Feldmann  
(b) Address 900 A.S. Fourth St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 18 1942  
(Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Peatz Brothers  
(b) Address 3029 La Fayette Ave

19. (a) (Date received local registrar) (b) J. F. Brodeur (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?..... (a) Means of injury.....

23. Signature Alfred Perry (M. D. or other).....  
Address St. Louis, Mo Date signed 1/16/43

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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**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 Frank J. Quinn

Licensed Embalmer No. 2245

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.**