

FILED JAN 20 1945  
 Registration District No. 318

Primary Registration District No. 1002

Registrar's No. 128

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:  
Cook Lane Hosp.  
(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)

3. (a) PRINT FULL NAME: Edward Henry Feldmann  
 3. (b) If veteran, name war: 1st World War  
 3. (c) Social Security No.: 492-09-518

4. Sex: Male  
 5. Color or race: White  
 6. (a) Single, widowed, married, divorced: Divorced  
 6. (b) Name of husband or wife: Elizabeth Feldmann  
 6. (c) Age of husband or wife if alive: 48 years  
 7. Birth date of deceased: Oct. 17, 1891.  
(Month) (Day) (Year)

8. AGE: Years 53 Months 2 Days 18  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation: Inspector of Air Brakes

11. Industry or business: Wagoner Elich Co.

12. Name: Edward Fred Feldmann

13. Birthplace: St. Louis, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name: Mary Stuedick

15. Birthplace: St. Louis, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant: Dr. T. J. Kemp

(b) Address: 4523 Washington Blvd.

17. (a) Burial  
(Burial, cremation, or removal) (b) Date thereof: Jan. 6, 1945  
(Month) (Day) (Year)  
 (c) Place: burial or cremation: St. Peter's Cemetery

18. (a) Signature of funeral director: Chas. A. Bull

(b) Address: 445 1/2 Washington Bl.

19. (a) JAN 6 1945  
(Date received local registrar) (b) J. B. Bredeck  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State: Missouri, (b) County: St. Louis  
 (c) City or town: St. Louis Normandy  
(If outside city or town limits, write "RURAL")  
 (d) Street No.: 3507 Colonial Dr.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

DATE OF DEATH: Month Jan day 4  
 year 1945 hour 1 minute 00 P.M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Infarction (Coronary Artery Disease)  
 Due to \_\_\_\_\_  
 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)  
 (b) Means of injury \_\_\_\_\_

23. Signature: W. H. Perry (M. D. or other) \_\_\_\_\_  
 Address: St. Louis Date signed: 1/5/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

APR 30 1945

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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

*John Ketter*

Licensed Embalmer No.

3880

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, above space should be left blank.**