

STANDARD CERTIFICATE OF DEATH
1003

21714

State File No. _____

Registrar's No. 1063

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital Max C. Starkloff
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2739 Russell Ave.,
Memorial (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARGARET FELDMAN

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Henry Feldman 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 7th, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 6 26 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Richard Gearin
13. Birthplace Unknown-Ireland (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Lambert A. Feldman
(b) Address Washington, Missouri

17. (a) Burial (b) Date thereof June 6th, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Missouri.

18. (a) Signature of funeral director Nieburg & Vitt, INC.,
(b) Address Washington, Missouri.

19. (a) JUN 3 1946 (b) J. F. Bredet
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd
year 1946 hour 8:25 minute A M.

21. I hereby certify that I attended the deceased from 3/26/46
6/3/46 19____, to _____ 19____;
that I last saw her alive on 6/3/46, 19____;

and that death occurred on the date and hour stated above.
Immediate cause of death: uremia Duration 2 weeks

Due to nephros - sclerosis 10 years

Due to Coronis - vascular renal disease + diabetes mellitus 15 years

Other conditions (include pregnancy within 3 months of death)
Sen. Arterio - sclerosis PHYSICIAN _____

Major findings: Of operations _____
Of autopsy 61 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? _____

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

23. Signature John H. Shuman Date signed 6/3/46

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

APR 7 1964

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 *Lester H. Pitt*

Licensed Embalmer No. *3254*

P. O. Address *Washington, 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.