S. No. 2
M—8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 21 1946

1003

35102

State File No.

Registration District No. 318

Primary Registration District No.

Registrar's No. 8794

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:
3716 Hydraulic Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
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. 3716 Hydraulic Ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Florenz Feager

3. (b) If veteran, name war Yes World War 1

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Winifred

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased May (Month) 18 (Day) 1891 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	4	24	hr. min.

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

10. Usual occupation Druggist

11. Industry or business Self

FATHER
12. Name Theodore Feager
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Josephine Klute
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Winifred Feager Wife
(b) Address 3716 Hydraulic Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 15 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Old SS Peter & Paul

18. (a) Signature of funeral director Peetz Funeral Home
(b) Address 3029 Lafayette Ave

19. (a) OCT 14 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12th
year 1946 hour 10;00 minute A M.

21. I hereby certify that I attended the deceased from Oct 12th, 1946, 19 ; that I last saw him alive on Oct 12th, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion (acute) — Duration 6 hrs

Due to Arteriosclerosis — Duration ?

Due to 94

Other conditions Cholecystitis non-calculous — 24 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 B. Shanklin (M. D. or other)
Address 1514 S. Jefferson Date signed 12/14/46

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Ernest W. Spillard

Licensed Embalmer No. H080

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, fact should be so stated above.