

FILED MAR 3 1947

Registration District No. **818**

Primary Registration District No. **1003**

Registrar's No. **1746**

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: **City Infirmary?**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 Yr- 0- 25 days**  
(Specify whether  
 In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**  
 (c) City or town **St. Louis** **1317**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **5800 Arsenal St.** **90**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **THERESA FELTRUP**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE 0**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if

7. Birth date of deceased **MAY 5 1883**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**63 9 14** hr. min.

9. Birthplace **St. Louis, Mo.** **0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **St Nil.**

11. Industry or business \_\_\_\_\_

12. Name **Adolph Feltrup** **4**

13. Birthplace **Germany** **4**  
(City, town, or county) (State or foreign country)

14. Maiden name **Emma Wonschlager**

15. Birthplace **Switzerland** **5**  
(City, town, or county) (State or foreign country)

16. (a) Informant **City Infirmary Records**

(b) Address **5800 Arsenal St.,**

17. (a) **RURIAL** (b) Date thereof **FEB 27 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **NEW PICKERS CEM.**

18. (a) Signature of funeral director **Thomas Tuli's Son**

(b) Address **2906 Gravois**

19. (a) **FEB 20 1947** (b) **J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **19**  
 year **1947** hour **3.10 P.M.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **July 2,**  
**1946** to **February 19, 1947;**

that I last saw **her** alive on **February 19, 1947;**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **(1) Acute Myocardial failure-Congestive heart failure** **15 Min.**

**(2) Myocardial incompetency 1945 Plus**  
 Due to **(3) Manic depressive psychosis 1945 Plus.**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

**15 Min.**

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? \_\_\_\_\_

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

23. Signature **John Francis Bookish** (M. D. or other) \_\_\_\_\_  
 Address **St Louis mo** Date signed **2/19/47**

**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 *Leo J. Budd*  
Licensed Embalmer No. *3984*  
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.**