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

FILED JAN 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42157

BIRTH NO. _____ REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 3058 Registrar's No. 742

1. PLACE OF DEATH
a. COUNTY: St Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Charles
c. LENGTH OF STAY (in this place): 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Charles
d. STREET ADDRESS (If rural, give location): 409 South 4th St

3. NAME OF DECEASED (Type or Print): a. (First) Cora b. (Middle) J c. (Last) Feldmann

4. DATE OF DEATH (Month) Dec (Day) 21 (Year) 1949

5. SEX: F **6. COLOR OR RACE:** W **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):** Married **8. DATE OF BIRTH:** Feb 21 1901 **9. AGE** (In years last birthday): 48 IF UNDER 1 YEAR: Months, Days IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House keeper
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Wentzville Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Wm Muirer
13b. MOTHER'S MAIDEN NAME: Anna Gray
14. NAME OF HUSBAND OR WIFE: Ralph Feldmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Ralph Feldmann **ADDRESS:** 409 S 4th

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 72 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Essential Hypertension — Unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): None

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? None

22. *I hereby certify that I attended the deceased from* Sept. 8, 1949, *to* Dec. 21, 1949, *that I last saw the deceased alive on* Dec. 21, 1949, *and that death occurred at* 4:10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Don Z. Randall **(Degree or title):** M.D.
23b. ADDRESS: 207 N. 5th St. St. Charles, Mo
23c. DATE SIGNED: Dec. 23, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 24 1949
24c. NAME OF CEMETERY OR CREMATORY: St Johns Cemetery
24d. LOCATION (City, town, or county) (State): St Charles Mo.

DATE REC'D BY LOCAL REG.: 12-26-49
REGISTRAR'S SIGNATURE: Fannie Hennecke
25. FUNERAL DIRECTOR'S SIGNATURE: Hackmann Bauer **ADDRESS:** St Charles

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 31 1949
District Health Officer No. 9,
District File Number JAN 17 1950

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 ..... Student Embalmer No. ..... working under my personal supervision.

Signed Arthur C Bane

Signed .....
Student Embalmer

Licensed Embalmer No. 2155

P. O. Address St Charles Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.