

No. 300
10.48

FILED APR 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13655

State File No.

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 74

1. PLACE OF DEATH
a. COUNTY St Charles
b. CITY (If outside corporate limits, write RURAL and give town or township) St Charles
c. LENGTH OF STAY (In this place) 80 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St Charles
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Charles
d. STREET ADDRESS (If rural, give location) 710 Tompkins St

3. NAME OF DECEASED (Type or Print)
a. (First) Herman b. (Middle) Diedrich c. (Last) Feldmann
4. DATE OF DEATH (Month) (Day) (Year) April 17 1951

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH July 17, 1862 9. AGE (In years last birthday) 88 10. MONTHS 88 11. DAYS 88 12. HOURS 88 13. MIN. 88

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

13a. FATHER'S NAME Franz Feldmann 13b. MOTHER'S MAIDEN NAME Maria Sannemann 14. NAME OF HUSBAND OR WIFE Katherine Dieckmann Feldmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO 16. SOCIAL SECURITY NO. NO 17. INFORMANT'S SIGNATURE OR NAME Wm Kolkmeier ADDRESS 719 Jackson St Charles Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial failure
ANTECEDENT CAUSES (b) Generalized arteriosclerosis (c) Prostatic hypertrophy
II. OTHER SIGNIFICANT CONDITIONS
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

INTERVAL BETWEEN ONSET AND DEATH
1 month
Under
Under

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 610X 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 2-10, 1951, to 4-17, 1951, that I last saw the deceased alive on 4-17, 1951, and that death occurred at 5:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE L.R. Miller M.D. (Degree or title) 23b. ADDRESS Av. Charles, Mo. 23c. DATE SIGNED 4-20-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE April 20 1951 24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery 24d. LOCATION (City, town, or county) (State) St Charles Mo

DATE REC'D BY LOCAL REG. 4-20-51 REGISTRAR'S SIGNATURE Fannie Hamilton 25. FUNERAL DIRECTOR'S SIGNATURE Wm Kolkmeier ADDRESS St Charles Mo

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

923
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File No. _____
DISTRICT HEALTH OFFICE No. 4

APR 23 1951

RECEIVED

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.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3155

P. O. Address: St. Charles 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.