

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14251

State File No. _____

FILED MAY 1 - 1952

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 3877

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3877	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 26		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		226	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital				d. STREET ADDRESS (If rural, give location) 3506 N. 9th St.			
3. NAME OF DECEASED (Type or Print) a. (First) Herman		b. (Middle) H.		c. (Last) Feldmann		4. DATE OF DEATH (Month) (Day) (Year) April 23, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Never Married		8. DATE OF BIRTH Oct. 15, 1886		9. AGE (In years last birthday) 65	10. UNDER 1 YEAR Months _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner	10b. KIND OF BUSINESS OR INDUSTRY Coal		11. BIRTHPLACE (City and State or Foreign Country) St. Rose, Ill. /		12. CITIZEN OF WHAT COUNTRY? U.S.		11. IF UNDER 1 YEAR Hours _____
13a. FATHER'S NAME George Feldmann			13b. MOTHER'S MAIDEN NAME Mary Richter		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Feldmann, Beckemeyer, Ill.			
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, asthma, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____							
ANTECEDENT CAUSES DUE TO (b) Coronary Occlusion							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Interstitial Nephritis							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) _____		21f. HOW DID INJURY OCCUR? 594X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 594X			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:08 A.M., from the causes and on the date stated above.							
23a. SIGNATURE Patrick C. Taylor, M.D. (Degree or title)				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 4-24-52	
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 4-24-52		24c. NAME OF CEMETERY OR CREMATORY St. Dominic's		24d. LOCATION (City, town, or county) (State) Breese, Ill.	
DATE REC'D BY LOCAL REG. APR 24 1952		REGISTRAR'S SIGNATURE J. C. Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd			

(Licensed Embalmer's Statement on Reverse Side)

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

3

S. No. 300
V. 10-48

APR 21 1954

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

John J. Harris

Licensed Embalmer No. *4108*

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.