

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17968**  
**4990**

**JUN 16 1952**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Minnesota</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>		c. LENGTH OF STAY (in this place) <b>2 1/2 wks.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Paul</b>		<b>8220</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>1795 Hawthorne Ave.</b>					
3. NAME OF DECEASED (Type or Print) <b>Louis.</b>		a. (First) _____		b. (Middle) <b>C.</b>		c. (Last) <b>Feist</b>			
4. DATE OF DEATH <b>May 30, 1952</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>12-10-1878</b>		9. AGE (In years last birthday) <b>73</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>			
11. BIRTHPLACE (City and State or Foreign Country) <b>Dubuque, Ia.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Martin Feist</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			
14. NAME OF HUSBAND OR WIFE <b>NONE</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY (If yes, give war or date of service) <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <b>Walter M. Feist, 1800 Forest View, Warson Woods, Mo.</b>			
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) <b>CA Stomach</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Generalized Peritonitis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 weeks</b>	
19a. DATE OF OPERATION <b>5/12/52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of the stomach</b>				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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>151X</b>							
22. I hereby certify that I attended the deceased from <b>5/8</b> , 19 <b>52</b> , to <b>5/30</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>May 30</b> , 19 <b>52</b> , and that death occurred at <b>10:00am.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>G. B. Raeder</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>Barnes Hospital</b>		23c. DATE SIGNED <b>May 30, 1952</b>			
24a. BURIAL CREMATION (Specify) <b>B</b>		24b. DATE <b>5/31-52</b>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <b>St. Paul, Minn.</b>			
DATE REC'D BY LOCAL REG. <b>MAY 31 1952</b>		REGISTRAR'S SIGNATURE <b>J. Cash Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <b>JAY B. SMITH, 7456 Manchester Ave. Maplewood 17, Mo.</b>					

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

Primary note

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. Davis  
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.

12-1-12