

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17971
4213

FILED MAY 19 1952

State File No. 1003
Registrar's No. 4213

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. _____ | | State File No. 1003 | | Registrar's No. 4213 | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Illinois b. COUNTY Perry | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri | | | c. LENGTH OF STAY (in this place) _____ | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pinckneyville, 1120 | | | d. STREET ADDRESS (If rural, give location) Rural Route #2 8 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital | | | | 3. NAME OF DECEASED a. (First) Maude b. (Middle) _____ c. (Last) Feltmeyer | | 4. DATE OF DEATH (Month) (Day) (Year) May 3 1952 | | | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2 | | 8. DATE OF BIRTH Mar 1, 1887 | | 9. AGE (In years last birthday) 65 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | | 11. BIRTHPLACE (City and State or Foreign Country) Tamora, Illinois | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13a. FATHER'S NAME William Feltmeyer | | | | 13b. MOTHER'S MAIDEN NAME Melinda Thomas | | | | 14. NAME OF HUSBAND OR WIFE Alex Feltmeyer | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) Nil | | | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Tilman Feltmeyer, Pinckneyville, Ill ADDRESS _____ | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA STOMACH. ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 6 Mo. | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION As above. | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 (Month) (Day) (Year) (Hour) OF INJURY. _____ | | | | | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 107X | | | | | | 22. I hereby certify that I attended the deceased from 4/24/52 19____, to 5/3/52 , 19____, that I last saw the deceased alive on 5/3/52 , 19____, and that death occurred at 8:30A m., from the causes add on the date stated above. | | | |
| 23a. SIGNATURE Gene Sauer (Degree or title) M.D. | | | | 23b. ADDRESS 634 N. Grand Ave | | | | 23c. DATE SIGNED 5/3/52 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 5 | | 24b. DATE 5-3-52 | | 24c. NAME OF CEMETERY OR CREMATORY Miller Hill | | 24d. LOCATION (City, town, or county) (State) Pinckneyville, Illinois | | | | | |
| DATE REC'D BY LOCAL MAY 5 1952 | | REGISTRAR'S SIGNATURE J. Carl Smith | | | | 25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington Blvd | | | | | |

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

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.

P. O. Address.....

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.