

FILED SEP 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33632

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2381

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton
 c. LENGTH OF STAY (In this place) 10 Years
 d. FULL NAME OF HOSPITAL OR INSTITUTION 52 Arundel Place

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY St. Louis
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton
 d. STREET ADDRESS (If rural, give location) 52 Arundel Place

3. NAME OF DECEASED
 a. (First) WALTER b. (Middle) LOUIS c. (Last) FEUERBACHER

4. DATE OF DEATH (Month) (Day) (Year)
9 / 11 / 13 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH 8/26/1883

9. AGE (In years last birthday) 69

IF UNDER 1 YEAR
 Months 0 Days 17

IF UNDER 24 HRS.
 Hours 1 Min. 1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Broker

10b. KIND OF BUSINESS OR INDUSTRY
Investment

11. BIRTHPLACE (State or foreign country)
St. Louis

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
Max J. Feuerbacher

13b. MOTHER'S MAIDEN NAME
Mina Wallenbrook

14. NAME OF HUSBAND OR WIFE
Irene Dale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
Yes World War I

16. SOCIAL SECURITY NO.
None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs Walter Feuerbacher 52 Arundel Place

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) Carcinoma of Pharynx
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) 148X
 DUE TO (c)
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
Bronchopneumonia

INTERVAL BETWEEN ONSET AND DEATH
3 mos
1 day

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
none

20. AUTOPSY?
 YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no

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 9/12/52, 1952, to 9/13/52, 1952, that I last saw the deceased alive on 9/13/52, 1952, and that death occurred at 3.30A m., from the causes and on the date stated above.

23a. SIGNATURE Paul O. Hagemann M.D. (Degree or title)

23b. ADDRESS 3720 Washington Blvd

23c. DATE SIGNED 9/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9/15/52

24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetary

24d. LOCATION (City, town, or county) (State) St. Louis Missouri

DATE REC'D BY LOCAL REG. 9-15-52 REGISTRAR'S SIGNATURE Herbert R. Donke MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Ambruster Mortuary 6633 Clayton Road

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Ernest W. Spillers

Signed.....
Student Embalmer

Licensed Embalmer No.....
4080

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.