

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19364**  
Registrar's No. **4904**

FILED JUN 1 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>23 2023 A S. 11th. St.</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>Herman T</b>			b. (Middle) <b>Feld</b>		
c. (Last) <b>Feld</b>			<b>5-13-1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>6-19-1886</b>	9. AGE (In years) (Month) (Day) <b>66 10 24</b>	10. IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintenence</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Met. Police</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Lucas Feld</b>	13b. MOTHER'S MAIDEN NAME <b>Helen Kroner</b>	14. NAME OF HUSBAND OR WIFE <b>Gesina Feld (Gordes)</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY (If yes, give number or date of service) <b>489-07-1859</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Gesina Feld</b> ADDRESS <b>2023 A S 11th St</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 mo.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Insufficiency</b>		
	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)
<b>21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4201</b>

22. I hereby certify that I attended the deceased from **April 1953** to **5/13/53**, 19\_\_\_, that I last saw the deceased alive on **5/13/53**, 19\_\_\_, and that death occurred at **930 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>A. Mezera M.D.</b>	23b. ADDRESS <b>A. MEZERA, M.D. 539 NO. GRAND BLVD. ST. LOUIS, MO</b>	23c. DATE SIGNED <b>5/14/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>5-16-1953</b>	24c. NAME OF CEMETERY OR CREMATORY: <b>Resurrection</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis MO</b>		

DATE REC'D BY LOCAL REGISTRY <b>MAY 14 1953</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>WINGBERMUEHLE</b> ADDRESS <b>3819 S Grand Blvd</b>
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R.P. (Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 46

P. O. Address St. Louis 18

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.