

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. 63142-52 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 17

4001

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. John's		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. John's	
c. LENGTH OF STAY (in this place) 3 MONTHS		d. STREET ADDRESS (If rural, give location) 3539 Roy avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3539 Roy avenue		d. STREET ADDRESS (If rural, give location) 3539 Roy avenue	

3. NAME OF DECEASED a. (First) Deborah b. (Middle) Lynn c. (Last) Feldmann			4. DATE OF DEATH (Month) (Day) (Year) Jan 2, 54		
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5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH 9-17-53		9. AGE (In years last birthday) 3 If UNDER 1 YEAR Months Days If UNDER 12 HRS. Mins.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) St. Charles, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME William R/ Feldmann		13b. MOTHER'S MAIDEN NAME Mabel Mollick		14. NAME OF HUSBAND OR WIFE none	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William R. Feldmann, 3539 Roy ave.	
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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) Congenital interventricular septum defect of heart incompatible with life ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) C life DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Mongoloidism Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Birth Birth	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) 7542	
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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?	
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22. I hereby certify that I attended the deceased from 9/17, 1953, to 1/2, 1954, that I last saw the deceased alive on 12/30, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter Gray M.D.		23b. ADDRESS St. Louis 14 Mo 8938 St. Claude Road		23c. DATE SIGNED Jan 3 1954	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1-4-54		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
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DATE REC'D BY LOCAL REG. 1-4-53		REGISTRAR'S SIGNATURE Heibert R. Donke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Collier, 10123 St. Charles Road	
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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
Student Embalmer

Signed R. O. Galbreath

Licensed Embalmer No. 3917

P. O. Address St. Louis, Mo.

Notes: 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.