

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6931**
Registrar's No. **1145**

FILED MAR 4 1954 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). a. STATE MO b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 2 DAYS		d. STREET ADDRESS (If rural, give location) 7 6006 Schulte	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) M c. (Last) VON FELDE			4. DATE OF DEATH (Month) (Day) (Year) FEB 4 - 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH APRIL 9 1906		9. AGE (In years last birthday) 53		10. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pressman		10b. KIND OF BUSINESS OR INDUSTRY St. Louis Printing Co.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	

13a. FATHER'S NAME Gen J Von Felde		13b. MOTHER'S MAIDEN NAME Minie Kerber		14. NAME OF HUSBAND OR WIFE Hazel Schuff Von Felde	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes W.V. #1		16. SOCIAL SECURITY NO. 497-03-7062		17. INFORMANT'S SIGNATURE OR NAME Hazel Schuff Von Felde ADDRESS 6006 Schulte	
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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) Coronary occlusion ANTECEDENT CAUSES DUE TO (b) Hypertension DUE TO (c) Chronic Interstitial Nephritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 2 days 1 year 3 years
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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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR 4201	

22. I hereby certify that I attended the deceased from **February 2, 1951**, to **February 4, 1954**, that I last saw the deceased alive on **February 4, 1954**, and that death occurred at **10:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Solon Cameron (Degree or title) M.D.		23b. ADDRESS 508 N. Grand Blvd. St. Louis 3, Mo.		23c. DATE SIGNED 2/5/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB 5 - 54		24c. NAME OF CEMETERY OR CREMATORY CALVARY	
				24d. LOCATION (City, town, or county) (State) St. Louis MO	

DATE REC'D BY LOCAL REG. FEB 5 1954		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Walter Kell ADDRESS 4841 Lindell	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6561 6 2 83

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 James A. Lammie

Licensed Embalmer No. 4142

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.