

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **10658**BIRTH NO. FILED **APR 7 1954** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **711**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICHMOND HTS.		c. LENGTH OF STAY (In this place) 4 HRS.		c. CITY OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION: ST. MARY HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print)		a. (First) Joseph		b. (Middle)	
		c. (Last) Feldt		4. DATE OF DEATH (Month) (Day) (Year) MAR. 19 1954	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	
8. DATE OF BIRTH MAR. 19 1954		9. AGE (In years last birthday) 0		10. IF UNDER 1 YEAR Days 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and State or Foreign Country) RICHMOND HTS. MO.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME CLEMENT FELDT		13b. MOTHER'S MAIDEN NAME MARY LOUISE ZAEGEL	
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME CLEMENT FELDT		ADDRESS 5325 SUTHERLAND			
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) Premature Birth INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature separation of mother's placenta DUE TO (c) 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 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) 7615	
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?	
22. I hereby certify that I attended the deceased from March 19 1954 , to March 19 1954 , that I last saw the deceased alive on March 19 1954 , and that death occurred at 12 P. M. , from the causes and on the date stated above.					
23a. SIGNATURE Leo F. Gerald M.D.		(Degree or title)		23b. ADDRESS 6677 Delmar Blvd	
23c. DATE SIGNED March 20 1954		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE MAR. 22, 1954	
24c. NAME OF CEMETERY OR CREMATORY S/S PETER & PAUL CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.			
DATE REC'D BY LOCAL REG. 3-20-54		REGISTRAR'S SIGNATURE Herbert R. Donohue M.D.		25. FUNERAL DIRECTOR'S SIGNATURE KRIEGSHAUSER	
		ADDRESS 4228 S. KING SHICAWAY			

(Licensed Embalmer's Statement on Reverse Side)

SW

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.....
Signature of Student Embalmer

Signed *Richard W. Stovesan*.....

Licensed Embalmer No. *402*.....

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