

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **24518**  
Registrar's No. **6530**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>6530</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2215a S. 3rd St.</b>				d. STREET ADDRESS (If rural, give location) <b>23 2215a S 3rd St.</b>			
3. NAME OF DECEASED (Type or Print) <b>Joseph</b>		a. (First) <b>R</b>		b. (Middle) <b>Feigenbutz</b>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <b>July 16 1954</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>July 13 1893</b>		9. AGE (In years last birthday) <b>61</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Beer Bottler</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Anheuser Busch</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Hugo Feigenbutz</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Harding</b>		14. NAME OF HUSBAND OR WIFE <b>Blanche Culwell Feigenbutz</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknowns) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Dont Know</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Blanche Feigenbutz 2215a S 3rd 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sclerotic Myocarditis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio Sclerosis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>2</b>	
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) _____		21d. HOW DID INJURY OCCUR? <b>4221</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <b>1/15/52</b> to <b>7/16/54</b> , that I last saw the deceased alive on <b>7/12/54</b> , 19 <b>54</b> , and that death occurred at <b>6:30</b> p.m. on <b>7/16/54</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Frank Smith</b> (Degree or title) <b>D.O.</b>		23b. ADDRESS <b>3924 S Grand Blvd</b>		23c. DATE SIGNED <b>7/16/54</b>			
24a. BURIAL, CREMATION OR MOVEMENT (Specify) <b>Cremation</b>		24b. DATE <b>July 19 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUL 16 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Weick Bros 2201 S. Grand Blvd</b>			

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

Dr. F. J. Stanze

3924 S. Grand Blvd.

Pr 2 0929

2.30 P.M.

**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 \_\_\_\_\_

Licensed Embalmer No. 4653

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.