

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24524

State File No. ....

5897

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>6-days</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>275 Union Blvd.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Julius</b>		b. (Middle) <b>S.</b>		c. (Last) <b>Feydt</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 29, 1954</b>			
5. SEX <b>M.</b>		6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M.</b>		8. DATE OF BIRTH <b>Mar. 25, 1887</b>			
9. AGE (In years last birthday) <b>67</b>		IF UNDER 1 YEAR Months <b>3</b> Days <b>4</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired- Real Estate</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>									
13a. FATHER'S NAME <b>Julius Feydt</b>			13b. MOTHER'S MAIDEN NAME <b>Louise Hornacker</b>			14. NAME OF HUSBAND OR WIFE <b>Mrs. Ida C. Feydt</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Ida C. Feydt, 275 Union Blvd.</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.				<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>STRANGULATED LEFT INGUINAL HERNIA</b></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Inguinal hernia, left</b> DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Myocardial insufficiency</b></p>				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
19a. DATE OF OPERATION <b>June 26, 1954</b>		19b. MAJOR FINDINGS OF OPERATION <b>Strangulated l. inguinal hernia, gangrenous small intestine</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>		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 type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>5610</b>					
22. I hereby certify that I attended the deceased from <b>June 26, 1954</b> , to <b>June 29, 1954</b> , that I last saw the deceased alive on <b>June 29, 1954</b> , and that death occurred at <b>10 a. m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>C. Lawrence Keyes, M.D.</b>				23b. ADDRESS <b>4952 Maryland Ave. 8</b>		23c. DATE SIGNED <b>June 30, 54</b>			
24a. BURIAL, CREMATION, REHOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 2, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>JUN 30 1954</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Arthur J. Hornacker</b>		ADDRESS <b>Lindell Blvd.</b>			

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

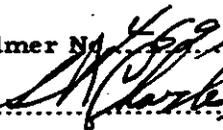
**STATEMENT BY LICENSED EMBALMER**

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  .....

Licensed Embalmer No. 459

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.