

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10693

State File No.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

2210

BIRTH NO.

REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		a. STATE Missouri	
c. LENGTH OF STAY (In this place) 27 Years		b. COUNTY	
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
		d. STREET ADDRESS (If rural, give location) 2719 Dodier Street,	

3. NAME OF DECEASED a. (First) WALTER		b. (Middle) J.		c. (Last) FEINER		4. DATE OF DEATH (Month) (Day) (Year) Feb. 28, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 23rd, 1888		9. AGE (In years last birthday) 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber		10b. KIND OF BUSINESS OR INDUSTRY Plumbing		11. BIRTHPLACE (City and State or Foreign Country) Chesterfield, Missouri		12. CITIZEN OF WHAT COUNTRY? USA.	

13a. FATHER'S NAME J. Feiner		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Bertha Feiner.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Bertha Feiner, 2719 Dodier Street,	
		(If yes, give year or dates of service) World War # 1		ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Uremia and kidney failure			
		DUE TO (c) Common duct stone			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION Feb 2, 1956		19b. MAJOR FINDINGS OF OPERATION Stone in Common Bile duct. 5.84x		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. 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 **Feb 18, 1956** to **Feb 28, 1956**, that I last saw the deceased alive on **Feb 28, 1956**, and that death occurred at **5: P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Sam A. Hardesty, M.D.		23b. ADDRESS 607 N. Grand Bl.		23c. DATE SIGNED Mar 1, 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/2/56		24c. NAME OF CEMETERY OR CREMATORY National Cemetery	
		24d. LOCATION (City, town, or county) Jefferson arracks, St. Louis Co., Missouri		(State)	

DATE REC'D BY LOCAL REG. MAR 2 1956		REGISTRAR'S SIGNATURE Carl Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. REUTZ		ADDRESS 4828 Natural Bridge Blvd, St. Louis, 15, Missouri	
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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

Student Embalmer

Signed

Ralph E. Linder

Licensed Embalmer No. 4225

P. O. Address St. Louis, Mo

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.