

FILED APR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15133

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 961

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Creve Coeur		c. CITY OR TOWN Creve Coeur Rural 4000	
c. LENGTH OF STAY (in this place) 30-yrs		d. STREET ADDRESS (If rural, give location) Lackland Road R#1-Box895	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lackland Road			
3. NAME OF DECEASED (Type or Print) Charles		a. (First) Charles	
b. (Middle) Feiner		c. (Last) Feiner	
4. DATE OF DEATH (Month) (Day) (Year) Apr. 7, 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 18, 1884
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stockman		10b. KIND OF BUSINESS OR INDUSTRY Stock farm	
11. BIRTHPLACE (State or foreign country) Stringtown, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph Feiner		13b. MOTHER'S MAIDEN NAME Mary Hubert	
14. NAME OF HUSBAND OR WIFE Loretta Feiner			
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 Loretta Feiner		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured aneurysm of abdominal aorta		INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease		2 yrs.	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 022X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		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 Jan. 1956 , to April 7, 1956 , that I last saw the deceased alive on April 5, 1956 , and that death occurred at 5:55A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Herbert C. Niemann, M.D.		23b. ADDRESS 3720 Washington Blvd.	
23c. DATE SIGNED Apr 9, 1956			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-10-1956	
24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) Pagedale, Mo.	
DATE REC'D BY LOCAL REG. 4-10-56		REGISTRAR'S SIGNATURE Herbert R. Romkey, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE William R. ...		ADDRESS 2504-Woodson Rd-Overland-14-Mo.	

(Licensed Embalmers' Signatures on Reverse Side)

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

300
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

David C. Gibson

Signed.....

Student Embalmer

Licensed Embalmer No. *3044*

P. O. Address *Carland, Va*

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.