

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 0 22492

State File No.

FILED JUN 26 1957

5772

|  |  |  |   |   |   |   |  |
|--|--|--|---|---|---|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>318</u>  |   | PRIMARY REG. DIST. NO. <u>1003</u>  |   | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY _____ |   |   |  |
| b. CITY OR TOWN <u>ST. LOUIS MO</u>  |  | c. LENGTH OF STAY (in this place) _____  |   | c. CITY OR TOWN <u>ST. LOUIS</u>  |   |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>01 2632 OREGON</u>  |  |  |   | d. STREET ADDRESS (If rural, give location) <u>231a 2632 OREGON</u>   |   |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>MARY</u> b. (Middle) _____ c. (Last) <u>FELDT</u>   |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 18 1957</u> |   |   |   |  |
| 5. SEX <u>FEMALE</u>   |  | 6. COLOR OR RACE <u>WHITE</u>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>   |   | 8. DATE OF BIRTH <u>SEPT 14 1876</u>                              |  |
| 9. AGE (in years last birthday) <u>80</u>  |  | 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) <u>WIDOW</u>   |  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>          |   | 11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u> |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>HENRY KRAMPER</u>  |  |  | 13b. MOTHER'S MAIDEN NAME <u>GERTRUDE STEMPEL</u>         |   | 14. NAME OF HUSBAND OR WIFE <u>CLEMENS FELDT</u>          |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>  |  | 16. SOCIAL SECURITY NO. <u>NONE</u>  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ARTHUR FELDT 1550 SELLS</u>  |   |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION  |   |   |   |   | INTERVAL BETWEEN ONSET AND DEATH           |
| <p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>  |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio Vascular Renal Disease</u>            |   |   |   |   | <u>2 yr</u>                                |
|  |  | ANTECEDENT CAUSES  |   |   |   |   |  |
|  |  | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.       |   |   |   |   |  |
|  |  | DUE TO (b) <u>Cerebral Hemorrhage</u>  |   |   |   |   | <u>3 wks</u>                               |
|  |  | DUE TO (c) <u>Cerebral Sclerosis</u>   |   |   |   |   | <u>1 yr</u>                                |
|  |  | 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 <u>442x</u>   |   |   |   |   | 20. AUTOPSY? <u>2</u>                      |
| 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) (Minute) _____   |  | 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 <u>May 27 1957</u> , to <u>June 17, 1957</u> , that I last saw the deceased alive on <u>June 17, 1957</u> , and that death occurred at <u>3:45 p.m.</u> , from the causes and on the date stated above. |  |  |   |   |   |   |  |
| 23a. SIGNATURE <u>[Signature]</u> (Degree in title) _____  |  |  |   | 23b. ADDRESS <u>1452 So Compton St. LOUIS MO</u>  |   | 23c. DATE SIGNED <u>6/20/57</u>                                   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>  |  | 24b. DATE <u>JUNE 21 1957</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY <u>S.S. PETER &amp; PAUL</u>   |   | 24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u> |  |
| DATE REC'D BY LOCAL REG. <u>JUN 20 57</u>  |  | REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Kuter 2906 Gravois</u>   |   |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

10:15-12:00 pm Thurs.

PA 3-2398

1452 J Compton

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 *James C Hill*

Licensed Embalmer No. 4347

P. O. Address 2906 Harris

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.