

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011033
STATE FILE NUMBER

FILED APR 8 1958 Registration District No. 277 Primary Registration District No. 5948 Registrar's No. 26

300
1-57
820

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ASHLEY		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN ASHLEY 0820
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HUTHE		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) ASHLEY 0820

3. NAME OF DECEASED (Type or print) First Middle Last JULIUS H. FELDMANN			4. DATE OF DEATH Month Day Year MAR 25 1958		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 2 1877		9. AGE (In years last birthday) 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) MARTHAVILLE MO MO, S. A.		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME HERMAN FELDMANN		13b. MOTHER'S MAIDEN NAME HEDWIG SANDERS		14. NAME OF HUSBAND OR WIFE MARY FELDMANN	
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. no		17. INFORMANT E. H. Feldmann 4845 1/2 Alvin Ave St Louis 14 MO	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Apoplexy			INTERVAL BETWEEN ONSET AND DEATH 3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arterio Sclerosis		
	DUE TO (c) 334X		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1952 , to 3-28-58 and last saw him alive on Feb 20-58 Death occurred at 11 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE (Degree or title) J. H. Walker		22b. ADDRESS P.O. 2 Bowling Green Mo		22c. DATE SIGNED 3-2-58	
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23a. BURIAL, CREMATION, REBURIAL (Specify) Burial		23b. DATE Mar. 21, 1958		23c. NAME OF CEMETERY OR CREMATORY St Clements	
				23d. LOCATION (City, town, or county) (State) St Clements MO	

24. FUNERAL DIRECTOR ADDRESS Grace Bankhead Bowling Green Mo		25. DATE RECD. BY LOCAL REG. 4-5-58		26. REGISTRAR'S SIGNATURE Bill Robinson	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Harold C. Kins*

Licensed Embalmer No. *4597*

P. O. Address *Bowling Green*

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.