

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-002591

STATE FILE NUMBER

WED FEB 5 1959

Registration District No.

305

Primary Registration District No.

6047

Registrar's No.

3

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>St Charles</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Flint Hill</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Flint Hill</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Theodore</b> Middle <b>Feldewerth</b> Last <b>Feldewerth</b>			4. DATE OF DEATH Month <b>Jan.</b> Day <b>26</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 9 1879</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>17</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Meat Cutter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Butcher Shop</b>	11. BIRTHPLACE (City and state or country) <b>Gilmore, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Theodore Feldewerth</b>		13b. MOTHER'S MAIDEN NAME <b>Philomene Schwegeman</b>		14. NAME OF HUSBAND OR WIFE <b>Elisabeth Oney</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>489-14-5910</b>		17. INFORMANT <b>Berdell Feldewerth, Wentzville, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4/200</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs.</b> <b>yes.</b>
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 _____ a.m. _____ p.m.			20d. INJURY OCCURRED WHILE AT WORK <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 <b>Jan 26, 1959</b> to <b>Jan 26, 1959</b> and last saw <sup>him</sup> <b>alive</b> on <b>Jan 26, 1959</b> Death occurred at <b>3:30 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>R. M. Keller</b> (Degree or title)			22b. ADDRESS <b>M. O. Wentzville, Mo.</b>		22c. DATE SIGNED <b>1-27-59</b>
23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)
<b>Burial</b>		<b>1/29/59</b>	<b>St. Patricks Cemetery</b>		<b>Wentzville, Missouri</b>
24. FUNERAL DIRECTOR <b>T. J. Pitman</b>		ADDRESS <b>Wentzville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Jan 29 1959</b>	26. REGISTRAR'S SIGNATURE <b>Walter J. Bell</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 9 1959

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 *Carlton J. Pitman* .....

Licensed Embalmer No. *4974* .....

P. O. Address *Wentzville* .....

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.