URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-041806
STATE FILE NUMBER

FILED VS DEC 8 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210832

ENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Ladue
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 12 Dromaro Rd.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: DANIEL Middle: LILBURN Last: FEASTER
4. DATE OF DEATH: Month: NOVEMBER Day: 23 Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3-10-1879
9. AGE (last birthday): 80
IF UNDER 1 YEAR: Months ____ Days ____ IF UNDER 24 HR: Hours ____ Min. ____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant - Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Philadelphia, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Daniel Shelby Feaster
13b. MOTHER'S MAIDEN NAME: Mary Phillips
14. NAME OF HUSBAND OR WIFE: Cleo Feaster
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Paul F. Max Address: 12 Dromara Rd. Ladue, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	BRONCHOPNEUMONIA	2 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	CONGESTIVE HEART FAILURE	6 MONTHS
DUE TO (c)	ARTERIOSCLEROTIC HEART DISEASE 420.0	10 YEARS

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 NOV. 22, 1959 at 5PM to NOV. 23, 1959 and last saw her/him alive on NOV. 23, 1959
Death occurred at 5:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. Vermillion M.D. (Degree or title) M. D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 11/24/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-24-59
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.

24. FUNERAL DIRECTOR: C.R. Lupton & Sons ADDRESS: 7233 Delmar Blvd.
25. DATE RECD. BY LOCAL REG.: NOV 24 1959
26. REGISTRAR'S SIGNATURE: Earl Smith M.D. MJC

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 2864

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.