RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-032171

FILED VS AUG 22 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8002 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. Louis — Length of stay in 1b

c. CITY OR TOWN ST. Louis — Inside Limits Yes ☑ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 4125 Loughborough — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 4125 Loughborough — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First George Middle Feuerholz
George Feuerholz

4. DATE OF DEATH Month Day Year Aug. 12, 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐

8. DATE OF BIRTH May 10, 1880

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) Shoe Repair Shop

10b. KIND OF BUSINESS OR INDUSTRY OWN

11. BIRTHPLACE (City and state or country) Hungary

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME George Feuerholz SR.

13b. MOTHER'S MAIDEN NAME Katherine Bauhoff

14. NAME OF HUSBAND OR WIFE Ann Feuerholz

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. 492-01-8619

17. INFORMANT Eva Schmied — Address 6053 N. Troy Chicago 45, ILL.

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) Carcinoma of Sigmoid Colon — 4 month

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 1533

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

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 April 6 1960 to Aug. 12, 1960 and last saw her/him alive on August 12th 1960
Death occurred at 12 50 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Julius Chas. Rotter M.D.

22b. ADDRESS 2603 Cherokee St.

22c. DATE SIGNED 8-14-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE Aug. 15, 1960

23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park

23d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo.

24. FUNERAL DIRECTOR Witt Bros. L. & U. Co. — ADDRESS 2929 S. Jefferson

25. DATE RECD. BY LOCAL REG. AUG 15 1960

26. REGISTRAR'S SIGNATURE Hand Smith, M.D.

MEDICAL CERTIFICATION

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 r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Herbert J. Gan Jr.

Licensed Embalmer No. 4800

P. O. Address Richmond 22

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