

WHILE PRINTED—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31139

State File No. _____

REG'D OCT 14 1939 791

Registration District No. 1000

Primary Registration District No. _____

Registrar's No. 8202

1. PLACE OF DEATH:

(a) County 1
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 41 Days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Caroline Felter.

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband Louis Felter. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 23, 1939.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>3</u>	<u>0</u>	hr. _____ min.

9. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business Housework at home

MOTHER FATHER { 12. Name Charles Stodick.

13. Birthplace ? Germany.
(City, town, or county) (State or foreign country)

14. Maiden name Dont know.

15. Birthplace Dont know.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mr. Oliver Felter.

(b) Address 5935 Arsenal Street.

17. (a) Burial (b) Date thereof 9-26-1939.
(Burial, _____) (Month) (Day) (Year)

(c) Place: burial Zions Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966 Easton Ave.

19. SEP 25 1939 (b) J. F. Bredich
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis
(c) City or town Wellston. NR
(If outside city or town limits, write "RURAL")
(d) Street No. 2731 Lyndhurst Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23.
year 1939. hour 11 minute 55 A.M.

21. I hereby certify that I attended the deceased from June 19
1939 to Sept 23 1939
that I last saw her alive on 9/20, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of neck
origin unknown 4 mo
Duration

Due to _____
Due to _____

Other conditions 9/23
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. F. Bredich (M. D. or other)
Address 607 N. Grand Date signed 9/25/39

D. V. F. L. Morse.
University Club Bldg.
9. 9. 22.

Ref 6104

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 3454

David C. Gibson, Registered Apprentice No.
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address.....

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, above space should be left blank.