

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

28585

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City.....

(No. **4256 N Prairie Ave**)

File No.

Registered No. **8118**

St. Ward)

2. FULL NAME

Edward F. Feldman

(a) Residence. No. **4256 N Prairie Ave** 10 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Mary Feldman

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

4-2-1861

7. AGE

| YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|-------|--------|------|----------------------------------|
| 66 | 5 | 9 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Laborer**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer **Merced Body Co**

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Henry Feldman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT

(Address)

**George M. Wagner
4256 Prairie Ave**

15.

FILED

SEP 13 1927

Max C. Stanley

REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Sept 11 1927

17.

I HEREBY CERTIFY, That I attended deceased from

....., 19..... to 19..... that I last saw him alive on 19....., and that death occurred on the date stated above, m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

93C
94B (duration) m. da. **Coronary Arteriosclerosis**

CONTRIBUTORY (SECONDARY)

900 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

18 DID AN OPERATION PRECEDE DEATH

900

DATE.....

WAS THERE AN AUTOPSY..... **Yes**

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) **Dr. J. H. ...**

(Address) **Corcoran**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Peters Cem.

9/14 1927

20. UNDERTAKER

ADDRESS

W. A. Stock Mfg Co

2117 E. Grand

K. E.—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.

RECORD

