

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. G 27993

94 a

X

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) William Feuster

2. DATE AND HOUR OF DEATH
4-16-45 7:58 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE md B. COUNTY Balto

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
Mercy Hospital

C. CITY OR TOWN Towson D. INSIDE CITY LIMITS? YES NO

E. STREET AND NUMBER Quenten Ave

5. SEX m 6. RACE w 7. MARRIED NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH 11-10-1895 9. AGE (In years last birthday) 48 If Under 1 Yr. Months: Days Hours Min. If Under 24 Hrs. Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) baseball player 10B. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) md. 12. CITIZEN OF WHAT COUNTRY? _____

13. FATHER'S NAME _____ 14. MOTHER'S MAIDEN NAME Elizabeth Feuster

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT I ADDRESS Walter Feuster 1302 E 33rd St.

18. Spouse 1 Anne DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)
CAUSE OF DEATH
(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: Coronary occlusion
(B) DUE TO, OR AS A CONSEQUENCE OF: _____
(C) _____
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH _____

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION _____ 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED _____ 20A. AUTOPSY? (Yes or No) _____ 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? _____

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) _____ 21E. INJURY OCCURRED While At Work Not While At Work 21F. HOW DID INJURY OCCUR? _____

22. I certify that (I) (this hospital) attended the deceased from 4-13-45 1945 to 4-16-45 1945 that (I) (we) last saw the deceased alive on 4-16-1945 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE _____ 23B. DATE SIGNED 4-15-45

23C. PHYSICIAN'S NAME (Type) J. R. Dwyler 23D. ADDRESS Mercy Hosp

24A. BURIAL CREMATION, REMOVAL (Specify) burial 24B. DATE 4-19-45 24C. NAME OF CEMETERY OR CREMATORY St John's Waverly 24D. LOCATION (City, town, or county) (State) Balto md

25A. DATE REC'D BY HEALTH DEPT. 4-18-45 25B. NAME OF REGISTRAR Strom's 25C. FUNERAL DIRECTOR Strom Cook Inc ADDRESS 1217 St Paul St