

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

Do not use this space.

41619

1. PLACE OF DEATH
 County St. Louis Registration District No. 791
 Township St. Louis Primary Registration District No. 1008 File No. 10863
 City St. Louis (No. Deaconess Hospital) St. _____ Ward _____
 2. FULL NAME Henry Clay Felker
 (a) Residence, No. Maple No. St. K.R. 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. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Jesse Felker
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16 1870
 7. AGE YEARS 65 MONTHS 8 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vienna Missouri
 13. NAME John Felker
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Amanda Anderson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 17. INFORMANT Carl F. Feller
 (ADDRESS) Webster Groves, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Maple No. DATE Dec 23 1935
 19. UNDERTAKER Parker Land Co.
 (ADDRESS) Webster Groves, Mo.
 20. FILED 12-23 1935 J. F. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22 1935
 22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1935 to Dec 22 1935
 I last saw him alive on Dec 22 1935. Death is said to have occurred on the date stated above, at 11 a.m.
 The principal cause of death and related causes of importance were as follows:

Pneumonia Lobar Date of onset 12-16-35
108
 Other contributory causes of importance: Chr. interstitial nephritis & myocarditis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Ralph E. Custon, M. D.
 (Address) Webster Groves, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

