

REC'D MAY 10 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
791
1008

13407

Do not use this space.

Registered No. 4011

1. PLACE OF DEATH

 (a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. City Hospital No. 1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
D. 1112

2. PRINT FULL NAME

 Arthur Felkel 424
 (a) Residence, No. 3215 Cherokee St. 16 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the word) married

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Felkel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March, 11 1895.
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 45 1 17

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. cigar maker
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri13. NAME Henry² Felkel 014. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria 1915. MAIDEN NAME Sally Meh² 716. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France 717. INFORMANT Hosp. I'fo M. Kent (ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE May-2nd. 19 3819. FUNERAL DIRECTOR (NAME) Wacker-Helderle (ADDRESS) 2331 S. Broadway20. FILED E. F. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/28/38 19
 22. I HEREBY CERTIFY, That I attended deceased from 4/23/38 19 to 4/28/38 19.
 I last saw him alive on 4/28/38 19. Death is said to have occurred on the date stated above, at 1201 a.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency, Etiology undetermined (Congestive heart failure)
 Date of onset
Other contributory causes of importance: 932Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

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) W. W. Maxwell M. D.(Address) City Hospital No. 1

APR 29 1938

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, 2645
Frank J. Hyland, or by me

Registered Apprentice No. _____, working under my personal supervision.

Signed Frank J. Hyland

Licensed Embalmer No. 2645

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.