

PR 17 1939

REC'D MAY 11 1939

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

16095
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township _____ Primary Registration District No. 205 Registered No. 685
 (c) City Manchester (d) Street No. Manchester Nursing Home 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.

2. PRINT FULL NAME Joseph P. Felts Sr.
 (a) Residence, No. 4119 Schiller Pl. St. (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 (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18, 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 8 28

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Furnace tender
 9. Industry or business in which work was done, as saw mill, bank, etc. Quick Meal Co.
 10. Date deceased last worked at this occupation (month and year) retired 10 yrs. 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo.

FATHER
 13. NAME Peter J. Felts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Joseph P. Felts Jr.
 (ADDRESS) 4119 Schiller Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Peter & Paul DATE 4-18 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kriegshauser Mortuary 4228 So. Kingshighway

20. FILED APR 17 1939 T. R. Meyer, M.D., P.A. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-15 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1939, to 4/15, 1939
 I last saw him alive on 4/10, 1939. Death is said to have occurred on the date stated above, at 1 P.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage & second hemorrhage on 4/14/39 P.M.

Date of onset 4/13/39

Other contributory causes of importance: 87%

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? No
 If so, specify _____
 (Signed) Lucretia E. Felts M. D.
 (Address) 2301 S. Kingshighway

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.

2301
9-12
Do Tring
war

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

Signed Reinhold J. Lohm

Licensed Embalmer No. 3395

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.