

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31275**
Registrar's No. **8338**

Registration District No. **791**

Primary Registration District No. _____

1. PLACE OF DEATH: **1003**
(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Jewish Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days**
(Specify whether
In this community **Life**
years, months or days)

8. (a) PRINT FULL NAME **Mary Elizabeth Felkel 4261**
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Edward E. Felkel** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Oct. 15 1869**
(Month) (Day) (Year)

8. AGE: Years **76** Months **11** Days **13** If less than one day hr. _____ min. _____

9. Birthplace **St. Louis, County Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business _____

MOTHER FATHER
12. Name **Joseph Kessinger**
13. Birthplace **St. Louis County Mo.**
14. Maiden name **Martha Todd**
15. Birthplace **St. Louis County Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mary E. Felkel**
(b) Address **6309 Delmar Blvd.**

17. (a) **Burial** (b) Date thereof **9/30/39**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine**

18. (a) Signature of funeral director **Blanchard & Lane**
(b) Address **6175 Delmar Blvd.**

19. (a) **SEP 29 1939** (b) **J. T. Brebeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **UNIVERSITY CITY** **NR**
(If outside city or town limits, write "RURAL")
(d) Street No. **6309 Delmar Blvd.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **28**
year **1939** hour **11:35 AM** minute _____ M. _____
21. I hereby certify that I attended the deceased from **9-26-39**
_____, 19____, to **9-28-39**, 19____;
that I last saw him **alive** on **9-28**, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** Duration **3 days**

Due to **Arteriosclerotic and Hypertensive degenerative**
Due to **Cardio-vascular disease** **Myocardial infarction**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Norman W. Drey** (M. D. or other) _____
Address **3220 Washington Blvd.** Date signed **9-29-39**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

In Norman Gray
8-9-30 ^{AM} J. W. Bentley

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 J. W. Bentley
Licensed Embalmer No. 3653
P. O. Address St. Louis Mo.

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.