

No. 2  
1-178  
X21492

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6496

I. PLACE OF DEATH:

(a) County. St. Louis  
(b) City or town. St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: H G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 4-15 days  
(Specify whether  
In this community 40 years  
years, months or days)

8. (a) PRINT FULL NAME. Abe Felix, Sr 470

3. (b) If veteran, name war. ---no--- 3. (c) Social Security No. None

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive. \_\_\_\_\_ years

7. Birth date of deceased. 7 18 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 12 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace. Cairo Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation. Laborer

11. Industry or business \_\_\_\_\_

12. Name Major Felix

13. Birthplace Unknown 4  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 4  
(City, town, or county) (State or foreign country)

16. (b) Informant Abe Felix

(b) Address 2243 Randolph

17. (a) Buriel (b) Date thereof 8-3-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Washington Park

18. (a) Signature of funeral director Bennie Love

(b) Address 3103 Washington Blvd.

19. (a) AUG 1 1940 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St Louis 22  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2243 Randolph  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30  
year 1940 hour 6:59 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from July 16, 1940 to July 30, 1940;  
that I last saw him alive on July 30, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death. Luetic Heart Disease About 12yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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 J. F. Brudeck (M. D. or other) \_\_\_\_\_

Address 2601 N Whittier Date signed \_\_\_\_\_

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

MOTHER, FATHER

1961  
OCT 8 1961

**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 Robert A. Powell.

Licensed Embalmer No. 3402

P. O. Address 3100 Franklin

**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.**