

FILED FEB 24 1947 91 STANDARD CERTIFICATE OF DEATH

State File No.

255

Registrar's No.

121

Registration District No.

Primary Registration District No.

1. 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: 5970 Wanda Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 years (Specify whether years, months or days)
In this community 11 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5970 Wanda
(If rural, give location)
(e) Citizen of foreign country? No! (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Sadie Jane Feeley

(b) If veteran, name war No!

(c) Social Security No. No!

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mitchell Lee Feeley 6. (c) Age of husband or wife if alive deceased

7. Birth date of deceased Jan 29 1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 5 If less than one day hr. min.

9. Birthplace Hannibal Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Andrew Hays

13. Birthplace Hannibal Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Jno. D. Freely

(b) Address 5970 Wanda

17. (a) Burial (b) Date thereof 1-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul Cem.

18. (a) Signature of funeral director Wm. P. & H. Co.

(b) Address 2929 So. Jefferson Ave.

19. (a) John S. Freely (b) J. F. Bredeh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Jan. day 4th
year 1942 hour 12 minute 55 A. M.

21. I hereby certify that I attended the deceased from August 4th 1942 to 1-7-42
that I last saw her alive on 1-3 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

1) Carcinoma of Rectum with secondary metastasis

Due to metastasis

Due to Surgery done + Enterostomy

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: 1) Carcinoma of Rectum

Of operations rectomy

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? _____

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

23. Signature John D. Freely (Date or other) _____

Address 5401st Francis Date signed 1-5-42

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

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.....
Paul C. Shanklin....., Registered Apprentice No.....
working under my personal supervision.

Signed *Paul C. Shanklin*.....
Licensed Embalmer No. 3472
P. O. Address 29298 Jefferson Ave

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, fact should be so stated above.