

DEAD MAY 28 1942 791

1003

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Hamilton
(c) City or town McCleansboro Ill.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harry Felty

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maggie Felty 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Sep 17 1888
(Month) (Day) (Year)

8. AGE: Years 57 Months 7 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace White Co. Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Railroad

11. Industry or business _____

12. Name Millage Felty
13. Birthplace Illinois (City, town, or county) (State or foreign country)
14. Maiden name Cecelia Dart
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Harold Felty

(b) Address McCleansboro Ill.

17. (a) Removal (b) Date thereof 5/15/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McCleansboro Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington
19. (a) MAY 14 1942 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1942 hour 6 minute 05 A.M.

21. I hereby certify that I attended the deceased from May 9, 1942, to May 13, 1942:
that I last saw him alive on May 12, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Duration 4 Months

Due to _____

Due to _____

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

Major findings: general Carcinomatous of abdominal organs
Of operations _____
Of autopsy no

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? Wm P. Glennon
Wm P. Glennon
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Wm P. Glennon (M. D. or other) _____
Address University Club Bldg Date signed 5/14/42

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

MOTHER FATHER

200
17
9

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... *Albert G. Hoffa*
Licensed Embalmer No. *2971*
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, fact should be so stated above.