

Registration District No. 791 Primary Registration District No. 1003 Registrar's 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:
City Infirmary

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month, 26 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 2317
(If outside city or town limits, write "RURAL") 9

(d) Street No. 2356a Menard St.
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Urban Feltz

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

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

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

7. Birth date of deceased April 10 1878
(Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 18 If less than one day hr. min.

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

10. Usual occupation Scissors Sharpener

11. Industry or business

12. Name August Feltz

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

14. Maiden name Philomine Grow (City, town, or county) (State or foreign country)

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

16. (a) Informant D. E. Passo

(b) Address 5800 Arsenal Street, St. Louis, Mo.

17. (a) Burial Calvary (b) Date thereof 6/30/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parsons Cemetery

18. (a) Signature of funeral director Chas. J. Kron Funeral Home

(b) Address 4911 Washington Blvd.

19. (a) JUN 29 1942 J. F. Brudick (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1942 hour 10 minute 40 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia
Carcinoma lung
Multiple metastases

Due to Degenerative vascular disease

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

Major findings: Of operations _____
Of autopsy _____

Duration
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? _____

Home While at work? (Specify type of place) (e) Means of injury 0

23. Signature Loren Blaney (M. D. or other) MD.

Address 2600 Arsenal Date signed 6-29-42

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

100
17
9

HOD

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.....

Thomas R. Fenwick

Licensed Embalmer No.....

3793

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, fact should be so stated above.