

**FILED** APR 8 1946

**STANDARD CERTIFICATE OF DEATH**

State File No. **14688**  
Registrar's No. **3229**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town St. Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
5239 Terry Av.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether in this community \_\_\_\_\_ years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis

(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")

(d) Street No. 5239 Terry Av.  
(If rural, give location)

(e) Citizen or foreign country? \_\_\_\_\_ (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Patrick J. Feely

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

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month April day 6<sup>th</sup> year 1946 hour 12.30 minute \_\_\_\_\_ P.M.

4. Sex M. 5. Color or race White

6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased March 17, 1875  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1, 1946 to Apr 6, 1946  
that I last saw him alive on Apr 6, 1946 and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<u>71</u>	<u>0</u>	<u>19</u>	hr. _____ min. _____

Immediate cause of death: Chronic myocarditis

Duration \_\_\_\_\_

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

Due to: fractured femur

Due to: arteriosclerosis

10. Usual occupation Postal Clerk

Other conditions (include pregnancy within 3 months of death): General Semblance

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

Major Spelling Of operations: \_\_\_\_\_

12. Name John Feely

Of autopsy: \_\_\_\_\_

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

14. Maiden name Eileen McDermott

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

16. (a) Informant Edgar Feely

(b) Address 5239 Terry Av.

17. (a) Burial (b) Date thereof 4/9/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Sullivan Bros.

(b) Address 2849 N. Euclid

19. (a) Date received local registrar APR 8 1946 (b) J. F. Brudick  
(Date received local registrar) (Registrar's signature)

**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) Accident

(b) Date of occurrence July 1946

(c) Where did injury occur? In his home  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
See above

While at work? No (Specify type of place) \_\_\_\_\_ (a) Means of injury Fall

23. Signature W. R. White (M. D. or other) \_\_\_\_\_  
Address 2803 N. Euclid Date signed 4-8-46

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

MOTHER FATHER

Dr. W. H. White  
Merritt Kingshighway

**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 L. Burkman*  
Licensed Embalmer No. *3553*

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.**