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10-47
17-39
I 3906

FILED OCT 19 1948

Registration District No. **3010**

Primary Registration District No. **3010**

Registrar's No. **310**

1. PLACE OF DEATH:

(a) County **Cape Girardeau**
(b) City or town **Cape Girardeau**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Francis Hospital **D**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In-hospital or institution **13 days**
In this community **13 days**
years, months or days (Specify whether)

3: (a) PRINT FULL NAME **JERRY SYLVESTER FELTER**

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased **September 25 1948**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 1¹/₂ hr. min.

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

10. Usual occupation **Inf**

11. Industry or business _____

12. Name **Sylvester Felter** **0**

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

14. Maiden name **Mildred Schlitt**

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

16. (a) Informant **Sylvester Felter**

(b) Address **Morley, Mo. R. F. D. #1**

17. (a) **Burial** (b) Date thereof **Oct 9 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Denis Cemt. Benton**

18. (a) Signature of funeral director **Carl J. Schmitt**
(b) Address **Oran Missouri**

19. (a) **10-12-48** (b) **G. C. Summers**
(Date received local registrar) (Registrar's signature) **112**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Scott** **100**
(c) City or town **Rural** **D**
(If outside city or town limits, write "RURAL")
(d) Street No. **R. F. D. #1 Morley** **1**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **9th**
year **1948** hour **12** minute **30 AM**

21. I hereby certify that I attended the deceased from **Sept. 25 1948** to **Oct. 9 1948**
that I last saw him alive on **Oct. 8 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Athrepsia** Duration **4 days**

Due to _____

Due to _____

Other conditions **Prematurity** **3 wks**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **159**

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) (c) Means of injury **0**

23. Signature **J. J. Oehler** (M. D. or other) _____
Address **Cape Girardeau, Mo.** Date signed **10/9/48**

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

MOTHER FATHER

13092

Death Officer No. 4
Historical File Number 1048-128
Date Filed 10-18-48

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 ^{NOT} _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Earl J. Smith

(Licensed Embalmer No. 2676)

P. O. Address Oran, 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.