

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2773**
Registrar's No. **0127**

FILED FEB 8 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN KIRKWOOD	
c. LENGTH OF STAY (in this place) 3 WEEKS		d. STREET ADDRESS (If rural, give location) 201 N. TAYLOR AVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) OLGA b. (Middle) FAY c. (Last) FELKER			4. DATE OF DEATH (Month) (Day) (Year) 2 - 4 52		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 29, 1897	9. AGE (In years last birthday) 54	10. CITIZENSHIP (Specify) UNITED STATES
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) DONGOLA, ILLINOIS	
13a. FATHER'S NAME LOUIS V. SNIDER		13b. MOTHER'S MAIDEN NAME JOSEPHINE RHIDENHAUR		14. NAME OF HUSBAND OR WIFE H.A. FELKER	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME HENRY A. FELKER		ADDRESS KIRKWOOD, MISSOURI
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18. CAUSE OF DEATH (Give only one cause per line for (a), (b), and (c). Do not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 8 MONTHS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) RETICULUM CELL CARCINOMA			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 2000

22. I hereby certify that I attended the deceased from **12/14**, 19**51**, to **1/4**, 19**52**, that I last saw the deceased alive on **1/1**, 19**52**, and that death occurred at **10:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard G. Sisson M.D.		23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 1/5/52
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 1/7/52	24c. NAME OF CEMETERY OR CREMATORY OAK HILL CEMETERY	24d. LOCATION (City, town, or county) (State) KIRKWOOD 22, MISSOURI

DATE REC'D BY LOCAL REG. JAN 7 1952	REGISTRAR'S SIGNATURE Paul Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE MEYER*PFITZINGER	ADDRESS KIRKWOOD 22, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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4693

Caused by cancer

04

w 84.

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *William H. Fitzinger*

Licensed Embalmer No. *4396*

P. O. Address *Kirkwood 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of } ss.

State File No. 2773
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 5 day of February, 1952, before me appears.....
Henry A. Felker, who, upon his oath, states that the original record of ~~XXXX~~ death
for Olga Fay Felker died January 4, 1952, in the State of
Missouri, and which was filed at St. Louis, Mo. on 1/5/52, 19....., should be corrected as follows:

Item No. 3 should read.....
Olga Fay Felker

Instead of Olga Felker

Item No. should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Henry A. Felker Husband
Relationship.

201 N. Taylor Ave.

Kirkwood 22, Missouri

Subscribed and sworn to before me this 5 day of February, 1952

My Commission expires March 19, 1955 William H. Fitzgerald Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

