

FILED AUG 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25663

State File No.

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>547</u>		Registrar's No. <u>1659</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>			c. LENGTH OF STAY (If in this place) <u>12 days</u>	c. CITY OR TOWN <u>Kirkwood</u> <u>4697</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Mary's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>200 N. Taylor Ave.</u>			
3. NAME OF DECEASED (Type or Print)			a. (First) <u>JOHN</u>	b. (Middle) <u>D</u>	c. (Last) <u>FELS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 9, 1954</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3-16-1889</u>	9. AGE (In years) (Months) (Days) <u>65</u> <u>3</u> <u>23</u>	IF UNDER 1 YEAR Hour Min.	IF UNDER 24 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Parole Board Member</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>State of Missouri</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Fels</u>			13b. MOTHER'S MAIDEN NAME <u>Mathilda Bernhardt</u>		14. NAME OF HUSBAND OR WIFE <u>Stella Warth Fels</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-36-9524</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George J. Ker, 517 Goethe Ave. Kirkwood Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Perforated Duodenal ulcer & Peritonitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Saddle thrombus aorta</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u>	
19a. DATE OF OPERATION <u>July 31 1954</u>	19b. MAJOR FINDINGS OF OPERATION <u>Adhesions & obstruction transverse colon</u> <u>4544</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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?					
22. I hereby certify that I attended the deceased from <u>1946</u> to <u>July 9, 1954</u> , that I last saw the deceased alive on <u>July 9, 1954</u> , and that death occurred at <u>5:30</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ch. P. Fowler MD</u>				23b. ADDRESS <u>1504 S. Grand Blvd., St. Louis, Mo</u>		23c. DATE SIGNED <u>7-12-1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Entombment</u>	24b. DATE <u>7-13-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Mausoleum</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7-13-54</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donkers</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>JAY B. SMITH, Maplewood, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

✓ 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. Wm. Danibley*.....

Licensed Embalmer No. *365*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.