

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **9566**  
Registrar's No. **2394**

**FILED MAR 31 1955**

**BIRTH NO. 17512-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003**

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Saint Louis Maternity</b>		d. STREET ADDRESS (If rural, give location) <b>18 1413 South Newstead</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Feeler</b> b. (Middle) c. (Last)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>February 16 1955</b>
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)	<b>8. DATE OF BIRTH</b> <b>February 16 1955</b>
<b>9. AGE</b> (In years last birthday) <b>3</b> <b>55</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)	
<b>10a.</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	
<b>11. BIRTHPLACE</b> (State or foreign country) <b>St Louis Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b>	
<b>13a. FATHER'S NAME</b> <b>Eldon Merle Feeler</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Laura Mae Lewis</b>	
<b>14. NAME OF HUSBAND OR WIFE</b>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>	
		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Eldon &amp; Laura Feeler</b>	
		<b>ADDRESS</b> <b>Above</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)			
<b>MEDICAL CERTIFICATION</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Incompatible with life</b>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. <b>DUE TO (b) unexpanded lungs</b>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>normal vaginal delivery</b>	
		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		<b>21f. HOW DID INJURY OCCUR?</b> <b>7700</b>	
<b>22. I hereby certify that I attended the deceased from Feb 16, 1955, to Feb 16, 1955, that I last saw the deceased alive on Feb 16, 1955, and that death occurred at 1:35 P.m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <b>Justin F Kraus M.D.</b>		<b>23b. ADDRESS</b> <b>9630 S. Kingshighway</b>	
		<b>23c. DATE SIGNED</b> <b>3-1-55</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)		<b>24b. DATE</b> <b>3-31-55</b>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Anatomical Board</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis, Mo.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>MAR 16 1955</b>		<b>REGISTRAR'S SIGNATURE</b> <b>J. Carl Smith M.D.</b>	
		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Rowland Aker</b>	
		<b>ADDRESS</b> <b>4104 Manchester</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.