

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-003784  
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 543 Registrar's No. 7

1. PLACE OF DEATH (St. Louis County)  
 a. COUNTY *Jennings Mo*  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN *St Louis Co Mo* Inside Limits Yes  No   
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION *7205 Jenwood* Length of stay in 1b *YRS.*  
 2. USUAL RESIDENCE (Where deceased lived. If institutional Residence before admission)  
 a. STATE *Missouri* b. COUNTY *St Louis*  
 c. CITY OR TOWN *Jennings* *4148* Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) *7205 Jenwood* Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) *MATHIAS FELLINZ* Middle *FELLINZ*  
 4. DATE OF DEATH *Jan 1 1959*  
 5. SEX *Male* 6. COLOR OR RACE *White* 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED   
 8. DATE OF BIRTH *March 2 1889* 9. AGE (In years last birthday) *69* IF UNDER 1 YEAR Months *10* Days *1* IF UNDER 24 HRS. Hours *1* Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Electrician Operator*  
 10b. KIND OF BUSINESS OR INDUSTRY *unb.*  
 11. BIRTHPLACE (City and state or county) *St Louis Mo*  
 12. CITIZEN OF WHAT COUNTRY? *USA*  
 13a. FATHER'S NAME *Charles E. Fellony* 13b. MOTHER'S MAIDEN NAME *Elizabeth Kachel* 14. NAME OF HUSBAND OR WIFE *Mary Fellony*

15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service) *No*  
 16. SOCIAL SECURITY NO. *493-65-0470* 17. INFORMANT *Mary Fellony* Address *7205 Jenwood*

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) *Broncho Pneumonia*  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) *Pneumonia agitans*  
 DUE TO (c) \_\_\_\_\_  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) \_\_\_\_\_  
 19. WAS AUTOPSY PERFORMED? YES  NO   
*350x*

20a. ACCIDENT SUICIDE HOMICIDE     
 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) \_\_\_\_\_  
 20c. TIME OF INJURY Hour \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) \_\_\_\_\_  
 20f. CITY, TOWN, OR LOCATION \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

21. I attended the deceased from *Jan 25-55*, to *Jan 1-59* and last saw her alive on *Dec 31-58*  
 Death occurred at *4:10 A.M.* on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *[Signature]* (Degree or title) \_\_\_\_\_ 22b. ADDRESS *6709 W. Flower* DATE SIGNED *Jan 2-59*

23a. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 23b. DATE *Jan 5 1959* 23c. NAME OF CEMETERY OR CREMATORY *Memorial Park* 23d. LOCATION (City, town, or county) (State) *Louis 1 Hunt Rd St Louis Mo*

24. FUNERAL DIRECTOR *Bull Campbell Maloy* ADDRESS *5165 Delmar* 25. DATE RECD. BY LOCAL REG. *1-2-59* 26. REGISTRAR'S SIGNATURE *Herbert K. Alonzo, M.D.*

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Robert M. Murray* .....

Licensed Embalmer No. *37490* .....  
P. O. Address *St. Louis 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.