

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018969  
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4578

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF

AMENDED FILED JUN 2 1961

1. PLACE OF DEATH  
a. COUNTY St. Louis  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 5 1/2 hrs.  
c. FULL NAME OF (If NOT in-hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Illinois b. COUNTY Madison  
c. CITY OR TOWN Alton Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 2748 Sanford Ave. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Robert Middle W. Last Feltes 4. DATE OF DEATH Month 5 Day 4 Year 61

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 1-2-1922 9. AGE (last birthday) 39 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee 10b. KIND OF BUSINESS OR INDUSTRY Owens Illinois Glass Co. West Alton, Mo. 11. BIRTHPLACE (City and state or country) U.S.A. 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME Joseph Feltes 13b. MOTHER'S MAIDEN NAME Ida Runn 14. NAME OF HUSBAND OR WIFE Ruth Marie Feltes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W.#2 17. INFORMANT Ruth Marie Feltes Address Alton, Illinois 2748 Sanford Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Subdural Hemorrhage; Cerebral left Ventricle is full of clotted blood, suffered while working at Owens Illinois Glass Company, April 25, 1961  
DUE TO (b) Accident (Machinery)  
DUE TO (c) \_\_\_\_\_  
INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) (Mono Car) PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above

20c. TIME OF INJURY Hour 7 a.m. p.m. Month, Day, Year 4-25-61

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.) #1 Factory 20f. CITY, TOWN, OR LOCATION Alton, Illinois COUNTY STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul J. Simon (Degree of Title) Deputy Coroner 22b. ADDRESS 1300 Clark 22c. DATE SIGNED 5/15/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 5-18-1961 23c. NAME OF CEMETERY OR CREMATORY Immaculate Conception Cem. 23d. LOCATION (City, town, or county) West Alton Missouri

24. FUNERAL DIRECTOR Thomas Beebe ADDRESS Alton, Ill. 25. DATE RECD. BY LOCAL REG. MAY 15 1961 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

**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 Thomas J. Burke, Jr.

Licensed Embalmer No. 4968

P. O. Address Alton, Ill.

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.