

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008595

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2498**

FILED MAR 14 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1
2 *22/19*
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4 *2*
5 *1*
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7 *1*
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11
12 *77-0*
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		d. STREET ADDRESS (If outside, give location) 2230 Cass Apt. 306	
3. NAME OF DECEASED (Type or print) First Dorley Middle Felder Last Felder			4. DATE OF DEATH Month 3 Day 1 Year 63
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-15-1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Louisiana
13a. FATHER'S NAME Harvey Felder		14. NAME OF HUSBAND OR WIFE Josephine Felder	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		17. INFORMANT Address 9 A Josephine Felder-2230 Cass Ave. Apt. 306	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY...)		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Congestive Heart Failure		Undet.	
DUE TO (b)			
DUE TO (c) 434.1			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Right Lobar Pneumonia and Probable Cerebral Thrombosis			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 2-28-63 to 3-1-63 and last saw him ^{EX} alive on 3-1-63 Death occurred at 5:25 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>J. H. Utley, M.D.</i>		22b. ADDRESS 2601 N. Whittier St.	22c. DATE SIGNED 3-2-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-7-1963	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis (County) Mo.
24. FUNERAL DIRECTOR ADDRESS Ellis Funeral Home-2820 Stoddard St.		25. DATE RECD. BY LOCAL REG. MAR 4 1963	26. REGISTRAR'S SIGNATURE <i>Ed Smith, M.D.</i>

*OK
Valent Taylor
Dorner 3-6-63*

MISSOURI

St. Louis

Case No. 302

302 Case Apt. 302

MISSOURI

St. Louis

Homor G. Phillips

3 1 3

Felder

Dotley

Netto

Kain

100-00-3500

Under

Consecutive Heart Failure

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. Right lobe pneumonia and probable Cerebral Thrombosis

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4198

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.