

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space. 1463

32254

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. 214 N. Vandeventer)

File No.....
 Registered No. 9364 St. _____ Ward)

2. FULL NAME

Anton Feili
 (a) Residence. No. 7126 South St. Maplewood Ward. 19 St. Louis Co. Mo.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Laura Feili</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 15 1873</u>		
7. AGE	YEARS	MONTHS
	<u>54</u>	<u>8</u>
		<u>13</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Shoe Repairer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>For himself</u> (c) Name of employer <u>214 N. Vandeventer</u>		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hungaria</u>		
PARENTS	10. NAME OF FATHER <u>Joseph Feili</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Hungaria</u>	
	12. MAIDEN NAME OF MOTHER <u>Anna Lorenz</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Hungaria</u>	
14. INFORMANT (Address) <u>Laura Feili</u> <u>7126 S. St. Maplewood</u>	15. FILED..... 19..... <u>Mar 6 1927</u> REGISTRAR	

MEDICAL CERTIFICATE OF DEATH

3
 16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 28 1927
 17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw alive on 19..... and that death occurred, on the date stated above, at 6:30 P.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
 CONTRIBUTORY (SECONDARY) Tuberculosis
 18. WHERE WAS DISEASE CONTRACTED IF NOT IN PLACE OF DEATH? At home
 8 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY? Yes
 WILL TEST CONFIRMED BY PHYSICIAN.....
 (Signed) R. S. [Signature] M. D.
 (Address) Corcoran
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
St. Peter & Paul Cemetery 10/31 1927
 20. UNDERTAKER ADDRESS
Joseph 7146 Manchester Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORDING THIS IS A PERMANENT RECORD

