

1930
 96
 6210
 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.

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

Do not use this space.

42062

1. PLACE OF DEATH

County St. Louis

Registration District No. 1170

Township Central

Primary Registration District No. 624818

City Richmond Heights, Mo.

St. Marys Hospital

File No. _____

Registered No. 300

St. _____ Ward)

2. FULL NAME

(a) Residence. No. 2622 Alhambra Court Ward. St. Louis 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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 16 - 1907

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
22	8	16	

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work Clerk
- (b) General nature of industry, business, or establishment in which employed (or employer) Peters Shoe Co.
- (c) Name of employer Peters Shoe Co.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Independence
Kansas

10. NAME OF FATHER

Henry G. Fellner

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Bellerive
Illinois

12. MAIDEN NAME OF MOTHER

Lillie Schmoll

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Bellerive
Ill.

14. INFORMANT

Henry G. Fellner
(Address) 2622 Alhambra Ct.

15. FILED

12/3 1929 L. R. Jensen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 2 1929

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____, 12:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Automobile accident
(While riding in automobile)

CONTRIBUTORY (SECONDARY)

Fractured Skull
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED

IF NOT AT PLACE OF DEATH

Jefferson Road, near
Page St. St. Charles, Mo.

DIAGNOSIS PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

X-Ray, physical signs
& autopsy
(Signed) John O'Connell, M. D.

12/3 1929 (Address) Corner of Main & Olive

*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

Valhalla Cem. Dec. 5 - 1929

20. UNDERTAKER

ADDRESS

Witt Bros Lvt 4 Co. 2929 So. Jefferson

