

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

Do not use this space.

6800

**1. PLACE OF DEATH**

County ..... Registration District No. 179  
 Township ..... Primary Registration District No. 405  
 City St. Louis, Mo. (No. St. Anthony's Hospital) St. .... Ward) .....

File No. ....  
 Registered No. 1879

**2. FULL NAME**

Alfonsus Feltz  
 (a) Residence, No. Routel 0, Box 247 St. 16 Ward. Jefferson Barracks.  
 (Usual place of abode) Ringer Road. (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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 21, 1859</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>3</u>
	DAYS <u>4</u>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perry County MO.</u>	
FATHER	13. NAME <u>Florentine Feltz</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Europe</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Chas J Feltz Missouri Barracks Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>SS. Peter &amp; Paul</u> DATE <u>2-27-</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Southern 6320 S. Sprague St. St. Louis</u>		
20. FILED <u>Feb 26 1932</u> <u>Max C. ... Registrar</u>		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1932 to Feb 25, 1932  
 I last saw him alive on Feb 25, 1932 Death is said to have occurred on the date stated above, at 3:30 m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Apoplexy  
131  
82A  
137  
 Date of onset Feb 23

Other contributory causes of importance:  
Chronic Urinary system  
Nephritis & enlarged Prostate

Name of operation ..... Date of .....  
 What test confirmed diagnosis? (D) Was there an autopsy? W

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
 If so, specify A. W. Peters M. D.  
 (Signed) A. W. Peters  
 (Address) 601 Missouri Bldg

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

