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.

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

Do not use this space.

37652

File No. .....

Registered No. 10334

1. PLACE OF DEATH

County ..... Registration District No. 78 100

Township ..... Primary Registration District No. .....

City St Louis (No. St Johns Hospital St. ..... Ward)

2. FULL NAME Edith M Felton

(a) Residence, No. 4944 Mardel St., 14 Ward.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) abt. 1867

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
abt 65	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 225

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) Mo.

FATHER

13. NAME John Felch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " 21

17. INFORMANT Charles R Felton
(ADDRESS) 3820 Washington Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 11-23 1932

19. UNDERTAKER Arthur J Donnelly Undr Co
(ADDRESS) 2039 Franklin Ave

20. FILED NOV 22 1932 Harry C Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-22-1932

22. I HEREBY CERTIFY, That I attended deceased from 8-1-, 1932, to 11-22-, 1932

I last saw her alive on 11-2-2, 1932. Death is said to have occurred on the date stated above, at 12:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix & uterus	About
Primary seat in Cervix	6-1-30
48	
535	
140	

Other contributory causes of importance:

1) Secy Carcinoma of abdomen
2) Myocarditis acute

Name of operation ..... Date of .....

What test confirmed diagnosis? tissue Was there an autopsy? yes

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? no

If so, specify .....

(Signed) Alex Schnuelle, M. D.

(Address) 1004 Mo Bldg St Louis

[illegible]
[illegible] Thomas Reig
[illegible]