

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.

891
 1002

42680

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City St. Louis (No. Emmanuel City Hosp.) Registered No. 26
 Ward.....

2. FULL NAME

(a) Residence, No. 4122 McPherson St., 19 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 <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>Gale White Feelay</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 16 1884</u>				
7. AGE	YEARS <u>48</u>	MONTHS <u>7</u>	DAYS <u>12</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>Chef</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	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> Tulsa Oklahoma</u>				
FATHER	13. NAME <u>Alfred Feelay</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u> Oklahoma</u>			
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u> Unknown</u>			
17. INFORMANT (ADDRESS) <u>Mrs. Gale Feelay 4122 McPherson</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>Jan 3, 1935</u>				
19. UNDERTAKER (ADDRESS) <u>Geo. Miller 4250 Lindbergh</u>				
20. FILED <u>JAN -2 1935</u> <u>Max O. Starnes</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from No Physician attended 19..... to 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 345 P. m.

The principal cause of death and related causes of importance were as follows:
Rupture of Aorta
Non Traumatic

Other contributory causes of importance:
96 (A)

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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 Trauma
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify..... (Signed) J. W. Kerner, M. D.
1/2/35 (Address) Geo. Miller

