SEP 21 1934

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

Do not use this space.

85

File No. 31995

Registered No. 1040

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001

Township — Primary Registration District No.

City St. Joseph, (No. St. Joseph, s Hospital St. Ward)

2. FULL NAME Aloysious Joseph Felling

(a) Residence, No. 1906 Bellevue Street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. 0 mos. 27 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August. 12. 1878.

7. AGE: YEARS 56 — MONTHS 0 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retail Hardware
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Employer
10. Date deceased last worked at this occupation (month and year): 1934
11. Total time (years) spent in this occupation: 20. yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph, Missouri.

FATHER

13. NAME: Henry Felling
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Weston, Missouri.

MOTHER

15. MAIDEN NAME: Johanna Stoeckle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brunswick, Missouri.

17. INFORMANT (ADDRESS): Virgil A Felling, 1906 Bellevue Str St. Joseph,

18. BURIAL, CREMATION, OR REMOVAL: Mount Olivet Cemt
PLACE St. Joseph, Mo. DATE Sept. 11 1934

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden, 1802 Union Street St. Joseph, MO.

20. FILED ....., 19.... John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): September. 9th 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1934, to Sept 9, 1934

I last saw him alive on Sept 9, 1934. Death is said to have occurred on the date stated above, at 11/55 a.m.

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

Coronary Embolism — Date of onset Sept 9/34

93 C

Other contributory causes of importance:

Chr. myocarditis — anterio sel. gen —

Name of operation None — Date of

What test confirmed diagnosis? Clin — Was there an autopsy? no

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) Frank H. Van Digan, M. D.

(Address) Kimpalvis 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.