MAR 12 1936

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

Do not use this space.

Registration District No. 791
Primary Registration District No. 1003

File No. 8181
Registered No. 1860

1. PLACE OF DEATH

County
Township
City St. Louis Mo. (No. De Paul Hospital St. Ward)

2. FULL NAME Charles Fellows

(a) Residence, No. 206 Douglas St. St., 9 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: 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) May 13th 1876

7. AGE: Years 59 Months 9 Days 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Forestry Dept
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) England.

FATHER

13. NAME Edward Fellows
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England.

MOTHER

15. MAIDEN NAME Mary Ellen Argyle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England.

17. INFORMANT (ADDRESS) Miss Jewel Fellows 206 Douglas St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens DATE Feb 20th 1936

19. UNDERTAKER (ADDRESS) Grant & Carroll Und Co 4600 Natural Bridge Ave

20. FILED FEB 19 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17th 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1936 to Feb. 17 1936

I last saw him alive on Feb. 17 1936 Death is said to have occurred on the date stated above, at 1:40 a.m.

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

Carcinoma of bladder
Urinary

Date of onset ?

Other contributory causes of importance:
Hemorrhage from the bladder.

Name of operation Date of
What test confirmed diagnosis? 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) Jno. O. Mowrey, M. D.
(Address) De Paul Hospital

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.

WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD