REC'D MAY 10 1938

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

Do not use this space.

13188

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Alexian Bros. Hospital St. ..... Ward)

File No. ..... Registered No. 3792

2. FULL NAME John Feitl. 340

(a) Residence, No. 3428 Tennessee St., 16 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) Abt. 1870

7. AGE: Years Abt. 68 | Months Unknown | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Czecho-Slovakia

FATHER

13. NAME John Feitl

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czecho-Slovakia

MOTHER

15. MAIDEN NAME Marie Veselsky

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czecho-Slovakia

17. INFORMANT Hedvika Veselsky
(ADDRESS) 3428 Tennessee

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mo. Crematory DATE 4/25/38, 19

19. UNDERTAKER Wm. C. Moydell
(ADDRESS) 1926 Allen Ave.

20. FILED APR 23 1938 J. T. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/22/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/12, 1938, to 4/22, 1938.
I last saw him alive on 4/21, 1938. Death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis	unknown
Ch. Endocarditis	unknown
1DS	

Other contributory causes of importance:

Apoplexy Cerebral	2 days
Hypo. Static Pneumonia, Lobar.	

Name of operation None Date of

What test confirmed diagnosis? Physical Exam Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 Non
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) J. R. Eyles, M. D.
(Address) 1701 So. Broadway

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.