

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

Do not use this space.

NOV 16 1938

1. PLACE OF DEATH

County St. Louis Registration District No. 791  
Township 1003 Primary Registration District No. 1003  
City St. Louis (No.       , St.        Ward       )

File No. 33874  
Registered No. 8860

2. FULL NAME

407 FEELEY, John DIED AT CITY HOSPITAL  
(FEELEY) FATHER DEMPSEYS NR Ward. Lafayette Ind  
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17 - 1969

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
69 6 28

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

13. NAME Patrick Feeley (FEELEY)

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

15. MAIDEN NAME Dora

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Dora Feeley

18. BURIAL, CREMATION, OR REMOVAL PLACE Lafayette Ind DATE 10/12 1938

19. UNDERTAKER (ADDRESS) Albert N. Happe

20. FILED OCT 11 1938 J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-8-38 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-17 1938 to 10-8 1938

I last saw h. 1938 alive on 10-8 1938. Death is said to have occurred on the date stated above, at 6:10 P.M.

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

Chronic Anemia Date of onset 6-1-38

Other contributory causes of importance: Myocarditis, Chronic

Name of operation None Date of       

What test confirmed diagnosis? None 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 4

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

If so, specify       

(Signed) Geo. J. Lacro M. D.

(Address) 1508 Lafayette Ave.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important.

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*Ern Frank signed C.F.*