

20 1939

DEC 21 1939

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

3769  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
(b) Township Clayton Primary Registration District No. 101 Registered No. 113  
(c) City Clayton (d) Street No. St. Louis County Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Albert Fellerman

(a) Residence, No. 4868 Hanover, Gardenville, Mo. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

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 Marie Fellerman  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1908  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 30 7 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil.  
9. Industry or business in which work was done, as 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) St. Louis (STATE OR COUNTRY) Mo.

FATHER 13. NAME William Fellerman  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Mary Loida  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT wife, Marie Fellerman (ADDRESS) 4868 Hanover, Gardenville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE N.S.S. Peter Paul DATE 1-23-39

19. FUNERAL DIRECTOR (NAME) J. Ziegenhain (ADDRESS) 7027

20. FILED JAN 20 1939 J. R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/18/39, 19  
22. I HEREBY CERTIFY, That I attended deceased from 12/28/38, 19 to 1/18/39, 19.  
I last saw him alive on 1/18/39, 19. Death is said to have occurred on the date stated above, at 9:20 P.M.  
The principal cause of death and related causes of importance were as follows:

Rheumatic Heart Disease  
= Mitral Stenosis + Aortic Insufficiency  
Pulmonary Congestion  
Local Pneumonia

Date of onset 1919  
12/25/38  
1/13/39

Other contributory causes of importance: 108

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  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify  
(Signed) James Dowd M. D.  
(Address) St. Louis County 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.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**