

1939 JUN 14 1939

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

18105
Do not use this space.

1. PLACE OF DEATH

(a) County... Buchanan Registration District No. 85
(b) Township... Washington Primary Registration District No. 1001
(c) or City... St. Joseph (d) Street No. St. Joseph's 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 8 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Eileen Rose Felling.
(a) Residence, No. 112 W. Highland 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 Female 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 Virgil A. Felling
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30, 1908.
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
31 0 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Easton 0
(STATE OR COUNTRY) Missouri 1

FATHER 13. NAME William Gerhart 0

14. BIRTHPLACE (CITY OR TOWN) Unknown 0
(STATE OR COUNTRY) Pennsylvania

MOTHER 15. MAIDEN NAME Mary A. Brady

16. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

17. INFORMANT Virgil A. Felling
(ADDRESS) 112 W. Highland St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL St. Joseph's Cemt.
PLACE Easton, Mo. DATE May 27, 1939

19. FUNERAL DIRECTOR (NAME) H.O. Sidenfaden & Son
(ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED May 26, 1939 A. J. Nestlebrink
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1939, to May 25, 1939.
I last saw her alive on May 25, 1939. Death is said to have occurred on the date stated above, at 5:15 P.M.
The principal cause of death and related causes of importance were as follows:

Appended to July 31
12/1
Date of onset

Other contributory causes of importance:
General Peritonitis June 10-39
Abdominal at surgery
Name of operation Date of operation
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) John J. Brown, M. D.
(Address) St. Joseph, Mo.

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.

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.....

Robert P. Clarkson

....., Registered Apprentice No..... ****

working under my personal supervision.

Signed.....

Robert P. Clarkson

Licensed Embalmer No..... 4028.

P. O. Address..... 1802 Union Str. St. Jose

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.