

FILED FEB 24 1942

Registration District No. **7917**

Primary Registration District No. **1003**

Registrar's No. **377**

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Decessness Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution one day
 (Specify whether
 In this community
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Perry
 (c) City or town Perryville NR 1
 (If outside city or town limits write "RURAL")
 (d) Street No. 1
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Laurence Leo Feltz

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Katherine Lukafahr 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Aug. 15 1897
 (Month) (Day) (Year)

8. AGE: Years 64 Months 5 Days 24 If less than one day hr. _____ min. _____

9. Birthplace 9
 (City, town, or county) (State or foreign country)

10. Usual occupation Medical Doctor

11. Industry or business _____

12. Name Gloring Feltz, M.D.

13. Birthplace France
 (City, town, or county) (State or foreign country)

14. Maiden name Magaline Janet

15. Birthplace France
 (City, town, or county) (State or foreign country)

16. (a) Informant Katherine Feltz

(b) Address Perryville Mo

17. (a) Burial (b) Date thereof 1-12-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Benjamin

(b) Address Perryville, Mo.

19. (a) Jan 13 1942 (b) J. F. Bradeck
 (Date of local burial) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
 year 1942 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 8, 1942, to Jan 9, 1942, that I last saw him alive on Jan 9, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Consecutive Heart Failure Duration 24 hr.

Due to Cardio-Vascular-Renal Disease 20 hr.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____ Address 1030 N. 1st St. Perryville, Mo. Date signed 1-9-42

PHYSICIAN
 Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

John J. Schindler

Licensed Embalmer No. 4175

P. O. Address Springville Mo

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.