S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35362

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9552

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4986 Rosalie Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 008 17

(a) State Missouri (b) County
(c) City or town St. Louis 9 7
(If outside city or town limits, write "RURAL")
(d) Street No. 4986 Rosalie Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Emily C. Feltes

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased October 2, 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 12 If less than one day hr. min.

9. Birthplace St. Louis 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Peter Feltes
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine Heim
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant R. E. Hammer
(b) Address 730 Inter Drive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 17, 1942
(Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Thos. H. Paschedag
(b) Address 2825 N. Grand Blvd.

19. (a) NOV 16 1942 (Date received local registrar) (b) C. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14th
year 1942 hour 9 minute 20P. M.

21. I hereby certify that I attended the deceased from December 30, 1941, to November 14, 1942, that I last saw him alive on November 16, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	2 days
Due to: Cardiac - Renal disease	yrs
Due to: mitral regurgitation	yrs.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

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 [illegible] (M. D. or other) [illegible]
Address [illegible] Date signed 11/16/42

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford T. Burnley

Licensed Embalmer No. 4202

P. O. Address St Louis 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, fact should be so stated above.