

U.S. No. 2
DM-9-4-41
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8269
State File No. _____
Registrar's No. 2319

FILED MAR 20 1943 318
Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: City Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days) 21hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County _____
(c) City or town St. Louis
(d) Street No. 4001A Castleman
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME Robert C Felton
3. (b) If veteran, name war World
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 Lillian M 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased May 20th 1889
(Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Estimator

11. Industry or business Self

12. Name John V Felton

13. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

14. Maiden name Sophie M Weidman

15. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian M Felton

(b) Address 4001A Castleman

17. (a) Burial (b) Date thereof 3/11/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cent

18. (a) Signature of funeral director Harrigan & Sheahan Und Co

(b) Address 4416 Washington Blvd

19. (a) MAR 10 1943 (b) J. J. Bredenk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 8th
year 1943 hour 5:30 P-M minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Shock due to hanging
of the brain resulting from
hanging after long
duration of
hanging operation while
of prison war removed at
City Hosp March 8 1943
expect time in
hosp.

Other conditions (Include pregnancy within 3 months of death) Primary site in lungs

Major findings: Of operations _____

Of autopsy _____

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

(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) (Means of injury)

23. Signature Alfred J. Perry (M. D. or other) _____
Address St. Louis Date signed 3/10/43

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

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
MAR 17 '43

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

Homer H. Dritz

Licensed Embalmer No.

3882

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, fact should be so stated above.