S. No. 2
M—2-43
. 5-17-39
F I X65597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 4 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41595

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1306

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1101 Main St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 1101 Main St. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Alfred X. Felling
3. (b) If veteran, name war
3. (c) Social Security No. 491-10-1930
4. Sex Male
5. Color or race White 0
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Josephine C.
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased January (Month) 25 (Day) 1891 (Year)

8. AGE: Years 52 Months 9 Days 22 If less than one day hr. min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Interior Decorator
11. Industry or business Voss Bros.
FATHER
12. Name Martin Felling
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name Nellie Alders
15. Birthplace Missouri (City, town, or county) (State or foreign country) 0
16. (a) Informant Mrs. George Karns Jr.
(b) Address 1101 Main St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-19-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cem.
18. (a) Signature of funeral director Herman Wm. Sidenfadner
(b) Address 1802 Union St.
19. (a) 11-19-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17th year 1943 hour 8 minute 30 A. M.
21. I hereby certify that I attended the deceased from Nov 17, 1943, to Nov 17, 1943; that I last saw him alive on Nov 17, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	2 hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94a	

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? (Specify type of place)
While at work (e) Means of injury 0
23. Signature Frank H. Hardegan (M. D. or other)
Address 620 Mo. Ave. St Joseph, Mo. Date signed 11/17/43

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(Licensed Embalmer's Statement on Reverse Side)

NOV 3 1940

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 Herman Wm. Sidenfaden

Licensed Embalmer No. 2728

P. O. Address St Joseph 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.