

FILED MAR 18 1944
Registration District No. 2655

Primary Registration District No. 2655

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

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt. Vernon, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 98 days
In this community 98 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis Co.
(c) City or town Burrwood
(If outside city or town limits, write "RURAL")
(d) Street No. Lucas & Hunt
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Grace Felger

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Earl R. Felger
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased Dec. 20 1908
(Month) (Day) (Year)

8. AGE: Years 35 Months 25 Days 8
If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown 9
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk
(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Removal (b) Date thereof 2-29-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Indiana

18. (a) Signature of funeral director Geo. B. Orr

(b) Address Mt. Vernon, Mo.

19. (a) 2-29-44 (b) Andy Crawford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28th
year 1944 hour 4:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from 11-23-43 19 to Feb. 28 19 44
that I last saw her alive on Feb. 28th 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death
Tuberculous Peritonitis 1 wk.
Tuberculous Enteritis 7
Due to Pulmonary Tbc Eyes

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

Major findings:
Of operations _____
Spec of lungs, Peritoneum, Intestines, Spleen, gall bladder, liver, ovaries
Of autopsy _____
Underline the cause to which death should be charged statistically.

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

23. Signature J. F. Leyschawa (M. D. or other) M.D.
Address Mt. Vernon, Mo. Date signed 2/28/44

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RECEIVED

District Health Officer No. 6,

District File Number 344-329

Date Filed MAR 15 1974

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 Geo. S. Orr,

Licensed Embalmer No. 946

P. O. Address Mr. Vernon, 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.