S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 9 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15104

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4692

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: 6147 Laura 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:

(a) State Missouri (b) County 000 17

(c) City or town St Louis (If outside city or town limits, write "RURAL")

(d) Street No. 6147 Laura Ave (If rural, give location) 7

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Thomas P Felchlin

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased February (Month) 19 (Day) 1945 (Year)

8. AGE: Years ******* Months 3 Days 4 If less than one day hr. min.

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

10. Usual occupation ********

11. Industry or business **********

FATHER
12. Name Joseph H Felchlin
13. Birthplace St Louis Mo (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Hattie Pisarek
15. Birthplace St Louis Mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant Joseph Felchlin

(b) Address 6147 Laura Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation New S.S.Peter & Paul Cemetery

18. (a) Signature of funeral director Calvin F.Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) MAY 28 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 23 day 23 year 1945 hour 12 minute 30 AM.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Carbon Monoxide Poisoning from a hot water heater in the basement on which the exhaust vent had become clogged in the home 6147 Laura Ave May 23 1945

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 0

Major findings:
Of operations 178C

Of autopsy 14

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) Accident 00

(b) Date of occurrence May 23 1945

(c) Where did injury occur? St Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury as above

23. Signature Patrick E Taylor (M. D. or other)

Address Dep. Co. Date signed 5/28/45

(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 John A. Mlenar

Licensed Embalmer No. 4186

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.