

Registration District No. **318** Primary Registration District No. **1003**

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

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 84 days
(Specify whether years, months or days)
 In this community 4 years

3. (a) PRINT FULL NAME Richard Felix
3. (b) If veteran, name war --
3. (c) Social Security No. 436-12-8495

4. Sex Male **5. Color or race** Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pearline
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased Feb. 14 1918
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>30</u>	<u>2</u>	<u>6</u>	hr. min.

9. Birthplace Louisiana (Glenmora)
(City, town, or county) (State or foreign country)

10. Usual occupation Presser
11. Industry or business Stiener Clothing Co.

12. Name Mark Felix
13. Birthplace Unavailable
(City, town, or county) (State or foreign country)
14. Maiden name Beulah Molette
15. Birthplace Unavailable
(City, town, or county) (State or foreign country)

16. (a) Informant Pearline Felix
(b) Address 4247a W. Evans

17. (a) Removal Removal **(b) Date thereof** Apr. 23-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Glenmora, Louisiana

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) APR 23 1948 **(b)** J. J. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ooo
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4247 W Evans
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
 year 1948 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan. 27, 19 48, to April 20, 19 48
 that I last saw him alive on April 20, 19 48
 and that death occurred on the date and hour stated above.

Immediate cause of death Far Advanced Pulmonary Tuberculosis

Due to.....
 Due to.....
 Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy No

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

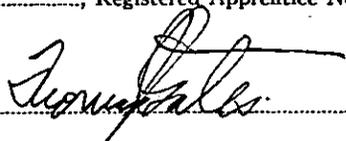
(a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....
 (c) Where did injury occur?.....
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?.....
(Specify type of place) (a) Means of injury
 Signature Esco L Daniels (M. D. or other) O
 Address 2601 N Whittier Date signed 4/21/48

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.....

Thomas J. Gates....., Registered Apprentice No.....
working under my personal supervision.

Signed.....


Licensed Embalmer No..... 4259.....

P. O. Address 4107 Finney Ave......

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.