

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:
DePaul Hospital 1)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

3: (a) PRINT FULL NAME ELIZABETH M. FELKER

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 2 Widowed

6. (b) Name of husband or wife Frank Felker

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

7. Birth date of deceased Nov. 30, 1859
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>89</u>	<u>0</u>	<u>4</u>	hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER

12. Name Jacob Bonn

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Kaiser

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Felker

(b) Address 3550 Pine Grove Ave.

17. (a) Removal (b) Date thereof Dec. 6/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evansville, Ind.

18. (a) Signature of funeral director JOS. W. Clark

(b) Address 1125 Hodiament Ave.

19. (a) DEC 6 1948 (b) J. B. Laite
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Pine Lawn
(If outside city or town limits, write "RURAL")

(d) Street No. 3550 Pine Grove Ave.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4
year 1948 hour 9.05 minute P.M.

21. I hereby certify that I attended the deceased from 10/30/48
19____, to 12-4-48 1948

that I last saw h. er alive on 12/4/48 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

Due to Atherosclerosis
Fracture Left Hip

Due to _____

Other conditions 186
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations 18

Of autopsy None

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

(b) Date of occurrence Oct 31 48

(c) Where did injury occur? Home on
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
See above

While at work _____ (Specify type of place) _____
Means of injury Fall

23. Signature J. Hayden (M. D. or other) M.D.

Address 5899 Wilman Date signed 12/7/48

Dr. L.F. Hayden,
5899 Delmar Blvd.,
Ca. 7201.

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.....

Albert G. Lippa

Licensed Embalmer No.....

2571

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.