

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18873**

FILED JUN 8 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **3051** Registrar's No. **52**

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WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Perryville</b>		c. LENGTH OF STAY (In this place) <b>18 Days</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Perry County Memorial Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Biehle, R.1</b>	
3. NAME OF DECEASED a. (First) <b>Clovis</b> b. (Middle) <b>Joseph</b> c. (Last) <b>Feltz</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 18, 1953</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>August 14, 1872,</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Magnetic Healer</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>80</b>
11. BIRTHPLACE (State or foreign country) <b>Perry County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Florenz Feltz</b>		13b. MOTHER'S MAIDEN NAME <b>Madeline Janet Feltz</b>	14. NAME OF HUSBAND OR WIFE <b>Elizabeth Riehl Feltz</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Gilbert Feltz, St. Louis, Mo.</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Apoplexy, Cerebral</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ant Myocardial Infarction</b> DUE TO (c) <b>Arteriosclerotic Heart Disease &amp; Vascular Hypertension</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4200</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>3-8, 1951</b> , to <b>5-18, 1953</b> that I last saw the deceased alive on <b>5-18, 1953</b> , and that death occurred at <b>11:15P.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>G. Feltz M.D.</b> (Degree or title)		23b. ADDRESS <b>Perryville, Mo.</b>	23c. DATE SIGNED <b>5-20-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 21, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Perryville, Mo.</b>
DATE REC'D BY LOCAL REG. <b>5-21-53</b>	REGISTRAR'S SIGNATURE <b>Jose J. Zollner</b> <b>250</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert Bey Perryville, Mo.</b>	

**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, ~~and~~

working under my personal supervision.

Student Embalmer No.....

Signed.....

*Albert Bey*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3866*

P. O. Address *Perryville, Md*

**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.