

FILED DEC 30 1954

STANDARD CERTIFICATE OF DEATH

State File No. 42364

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10933

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN University City	
c. LENGTH OF STAY (in this place) 2mo.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin DesLoge Hospital		e. STREET ADDRESS (If rural, give location) 500 Kingsland 4006	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) HARRY	b. (Middle) WILLIAM	c. (Last) FELTER	(Month) Nov.	(Day) 30	(Year) 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 24, 1871	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired; Hardware Merchant.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME (unk) Felter.	13b. MOTHER'S MAIDEN NAME Catherine	14. NAME OF HUSBAND OR WIFE (unk) Anna H. Felter.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. unk	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter E. Felter; 500 Kingsland
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BILATERAL PLEURAL EFFUSION - MASSIVE		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CONGESTIVE HEART FAILURE - ARTERIOSCLEROTIC 11-YEARS + DUE TO (c) PAGET'S DISEASE OF BONE		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PASSIVE CONGESTION OF LIVER - CHRONIC - CIRRHOSIS PASSIVE CONGESTION OF SPLEEN BLEEDING PEPTIC ULCER. - ANURIA		9 YEARS + KNOWN	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4341

22. I hereby certify that I attended the deceased from NOVEMBER 1, 1954, to NOVEMBER 19, 1954, that I last saw the deceased alive on NOVEMBER 30, 1954, and that death occurred at 1:25 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Theodor Cooper, M.D.	23b. ADDRESS 1325 So. Grand Blvd.	23c. DATE SIGNED 11-30-54
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24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE Dec. 2, 1954	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri
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DATE REC'D BY LOCAL REG. NOV 30 1954	REGISTRAR'S SIGNATURE J. C. Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd.
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Arnold W. Schae

Licensed Embalmer No. *386*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.