

FILED FEB 14 1958

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

11470-28

2900

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1368**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis 18, Mo.</b>		c. CITY OR TOWN <b>Imperial</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis Pan Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>5500</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Herbert</b> b. (Middle) <b>Fellis</b> c. (Last) <b>Fellis</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 4, 1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED (NEVER MARRIED) WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>Feb. 4, 1958</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9b. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis 18, Missouri</b>	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>James H. Fellis</b>		13b. MOTHER'S MAIDEN NAME <b>Finch, Dorothy</b>	
14. NAME OF HUSBAND OR WIFE		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>Mrs. Dorothy Fellis Imperial 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Premature Birth</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>776x</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	
20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" 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>2-4-1958</b> , to <b>2-4-1958</b> , that I last saw the deceased alive on <b>2-4-1958</b> , and that death occurred at <b>9 P. m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>John M. Collins</b>		23b. ADDRESS (Degree or title) <b>M.D. 6432 Hampton, St. Louis 9, Mo.</b>	
23c. DATE SIGNED <b>2/5/58</b>		24. LOCATION (City, town, or county) (State) <b>ST. LOUIS CO, MO</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>FEB 5, 1957</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>PARK LAWN Cem.</b>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>FEB 5 58</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Carl Smith</b>		ADDRESS <b>HEILIGTAG FUNERAL HOME, IMPERIAL MO.</b>	

WRITE PLAINLY—USING UNFADING 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 Not Embalmed Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Arthur W. Healyton

Licensed Embalmer No. 3872

P. O. Address Imperial Pa

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.