MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013459
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 926

FILED MAR 27 1962

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: JEFFERSON BARRACKS, MO.
Length of stay in 1b: 4 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VETERANS ADM. HOSPITAL
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: ILLINOIS b. COUNTY: MADISON
c. CITY OR TOWN: GRANITE CITY
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 1723 GRAND
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ERVEN Middle: Last: FELLERS
4. DATE OF DEATH: Month 3 Day 17 Year 1962
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1-16-87
9. AGE (last birthday): 75 YRS
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: CAR FOUNDRY
11. BIRTHPLACE (City and state or country): CARROLTON, ILLINOIS
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: SOLOMON FELLERS
13b. MOTHER'S MAIDEN NAME: JULIA MC FARLAND
14. NAME OF HUSBAND OR WIFE: NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.:
17. INFORMANT: KATHERINE E. FELLERS Address: GRANITE CITY, ILL. 2312 CARDINAL CT.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): BRONCHOPNEUMONIA
INTERVAL BETWEEN ONSET AND DEATH: 5-10 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): GENERALIZED ARTERIOSCLEROSIS, ARTERIOSCLEROTIC HEART DISEASE
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. VA attended the deceased from 3-13-62, to 3-17-62 ~~and last saw him alive on~~
Death occurred at 10:48 PM m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: [signature] (Degree or title): md
22b. ADDRESS: VAH, JEFF BRKS, 25, MO.
22c. DATE SIGNED: 3-18-62
23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 3-20-62
23c. NAME OF CEMETERY OR CREMATORY: SUNSET HILL CEMETERY
23d. LOCATION (City, town, or county) (State): EDWARDSVILLE, ILLINOIS
24. FUNERAL DIRECTOR: Marion J. Lahey ADDRESS: LAHEY FUNERAL HOME, MADISON, ILL.
25. DATE RECD. BY LOCAL REG.: 3-19-62
26. REGISTRAR'S SIGNATURE: John C. Murphy Md.

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Francis J. Lahey

Signature of Student Embalmer

Licensed Embalmer No. 2792

P. O. Address Madison Ill.

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.