

JUN 4 1928

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

14760

1. PLACE OF DEATH
 County St. Louis Registration District No. 1170
 Township Richmond Heights Primary Registration District No. 6248 H
 City Richmond Heights (No. St. Marys Hospital St. 86 Ward)

2. FULL NAME George Rufus Fenamore
 (a) Residence No. 2258 Forsyth St. St. Louis, Mo. Ward. St. Louis, Mo.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Emily F. Fenamore

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 19, 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 | 2 | 15

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work General Merchant
 (b) General nature of industry, business, or establishment in which employed (or employer) Self
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Penn.
 (STATE OR COUNTRY)

10. NAME OF FATHER GA Fenamore

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Penn.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Emily Loden

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) North Carolina
 (STATE OR COUNTRY)

14. INFORMANT Clair Fenamore
 (Address) 7258 Forsyth Blvd

15. FILED 4/7 19 28 C. S. Jensen
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 6 1928
 17. I HEREBY CERTIFY, That I attended, deceased from March 12, 1928, to April 6, 1928 that I last saw h. m. alive on April 6, 1928, and that death occurred, on the date stated above, at 11:50 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholelithiasis (duration) 15 yrs. mos. da.
Cholelithiasis
 CONTRIBUTORY Cholelithiasis hears of
 (SECONDARY) Pneumonia (duration) 2 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, _____
 OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? Yes
 WHAT TEST CONFIRMED DIAGNOSIS? Ordinary test
 (Signed) Stephen McEman M. D.
 , 19 (Address) 220 Leavelle Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Salem, Mo. DATE OF BURIAL Apr. 7, 1928

20. UNDERTAKER Drehmann Haval ADDRESS 1905 Union

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1
Merrill Lynch, Pierce, Fenner & Smith
New York, N.Y.

10:30 - 2 PM