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.

FEB 11 1936

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

Do not use this space.

3566

1. PLACE OF DEATH

County St. Louis — Registration District No. 791 — File No.

Township — Primary Registration District No. 1003 — Registered No. 807

City St. Louis — (No. Firman Deslogh Hosp. St. Ward)

2. FULL NAME Lawrence Fennewald

(a) Residence, No. (Usual place of abode) St., NR Ward. Martinsburg, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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~~ Rose Fennewald

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/27/88

7. AGE: 46 — YEARS: 46 — MONTHS: 3 — DAYS: 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME Hubert Fennewald

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Firman Deslogh Hosp 1325 S Grand

18. BURIAL, CREMATION, OR REMOVAL PLACE Wellsville Mo DATE 1/24 1936

19. UNDERTAKER (ADDRESS) Peek Bros. 3029 Lafayette Ave

20. FILED JAN 22 1936 19 J F Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1936, to Jan. 21, 1936

I last saw him alive on Jan. 21, 1936 Death is said to have occurred on the date stated above, at 4:05pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia with sub-acute combined degeneration of the spinal cord.	Uncertain
8/a	

Other contributory causes of importance:

Pulmonary edema and hypostatic Pneumonia	Labor 24 hrs.

Name of operation — Date of

What test confirmed diagnosis? Blood — Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G O Brown, M. D.

(Address) 1325 S. Grand Blvd. St. Louis, Mo.

100M-3-28-35