DEC 3 1936

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

Do not use this space.

42694

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis, Mo. (No. Deaconess Hospital St. ..... Ward)

File No. .....

Registered No. 11202

2. FULL NAME George Fenslage Jr.,

(a) Residence, No. 2115 Rose Bud Ave., St., R R Ward. Wellston, 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May Fenslage

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1895.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
41	1	21	

OCCUPATION

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

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

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 George Fenslage Sr.

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

MOTHER

15. MAIDEN NAME Mary Robertson,

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

17. INFORMANT Joseph Fenslage (ADDRESS) Robertson, Mo.

18. BURIAL, CREMATION, OR REMOVAL

St. Mary Roberston, Mo. DATE Nov. 11/36.

19. UNDERTAKER Jas. W. Clark. (ADDRESS) 1125 Hodiamont Ave.,

20. FILED NOV 10 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8/36 .19

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1936, to Nov 8, 1936

I last saw him alive on Nov 8, 1936 Death is said to have occurred on the date stated above, at 11.30 P.M.

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

	Date of onset
Chronic Interstitial Nephritis	?
" Fibrous Myocarditis	?
131	

Other contributory causes of importance:

Pyelonephritis, non-calculous	

Name of operation None Date of .....

What test confirmed diagnosis? Laboratory 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? No

If so, specify .....

(Signed) J P Allride, M. D.

(Address) 917 Community Club Bldg

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.

RR.J. P. Altheide,
University Club Bldg.,
Jefferson 4370.

7&8 P.M. or 2 to 4.30 P.M.