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.

JAN 24 1938

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

46625
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township St. Ferdinand — Primary Registration District No. 6030 — Registered No. 236
(c) City Riverview Drive — (d) Street No. Route 14, Box 515, Riverview Drive St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LOUISA FEDGENHAUER,
(a) Residence, No. Riverview Drive St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Oscar Fedgenhauer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25, 1858

7. AGE: Years 79 — Months 3 — Days 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as 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) Germany

FATHER
13. NAME Karl Strohback
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Oscar Fedgenhauer
(ADDRESS) Route 14, Box 515 Riverview Dr

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens DATE Dec. 30, 1937

19. FUNERAL DIRECTOR Math. Hermann & Son
(ADDRESS) 2161 East Fair Avenue

20. FILED Dec 30th 1937 W. A. Zeitler Local Registrar.
Per L. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1934, to Dec. 27, 1937
I last saw h ER alive on Dec. 27, 1937 Death is said to have occurred on the date stated above, at 10:55 P. M.
The principal cause of death and related causes of importance were as follows:

CHRONIC MYOCARDITIS — Date of onset: Nov. 7TH 1934

Other contributory causes of importance: NONE

Name of operation NONE Date of
What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? NO 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 NONE
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. Van Hoefen, M. D.
(Address) 8313 HALLS FERRY RD. CITY

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Leonard Hampton, Licensed Embalmer No. 2967

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Leonard Hampton

Licensed Embalmer No. 2967

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)