

REC'D MAR 14 1938

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

4586

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **St. Louis** (d) Street No. **St. John's Hospital** Registered No. **1231**  
(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

**George Fernau** **650**  
**1504 Glasgow Ave.**  
(a) Residence, No. .... St. **20**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Lily Fernau</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Dec. 31, 1893</b>		
7. AGE YEARS <b>44</b>	MONTHS <b>1</b>	DAYS <b>0</b>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Chauffeur</b>		
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) <b>St. Louis Mo.</b>		
13. NAME <b>Henry Fernau</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>St. Louis Mo.</b>		
15. MAIDEN NAME <b>Emma Meder</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>St. Louis Mo.</b>		
17. INFORMANT (ADDRESS) <b>Mrs. Lily Fernau, 1504 Glasgow Ave.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Calvary Cem.</b> DATE <b>Feb. 3, 1938</b>		
19. FUNERAL DIRECTOR (ADDRESS) <b>Cullinane Brothers 1710 N. Grand Blvd.</b>		
20. FILED <b>FEB 2 1938</b> <b>J. F. Bredeck</b> Local Registrar		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 31, 1938** 19

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 14<sup>th</sup> 1938** to **Jan. 31<sup>st</sup> 1938**  
I first saw him alive on **Jan. 31<sup>st</sup> 1938** Death is said to have occurred on the date stated above, at **1 P.M.**  
The principal cause of death and related causes of importance were as follows:

**Carcinoma of Stomach**

Date of onset

Other contributory causes of importance:

**general metastasis**

Name of operation **Pyloric resection** Date of **1-15-38**  
What test confirmed diagnosis? **usual** 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) **W. J. Gallagher** M. D.  
(Address) **Mo. Theatre Bldg.**

STATEMENT BY LICENSED EMBALMER

I, Fred Trick

Licensed Embalmer No. 3186

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_  
working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed Fred Trick

Licensed Embalmer No. 3186

**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.)**