

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.

REC'D MAR 14 1938

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

4929
 Do not use this space.

1. PLACE OF DEATH
 (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1008**
 (c) City **St. Louis** (d) Street No. **City Hospital No. 1** 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.
C. 16150

2. PRINT FULL NAME **George Fohrell 640**
 (a) Residence, No. **2749 Russell** St. **23** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 **Husband of Helen**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 8, 1869**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 5 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Fireman**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Washington Univ.**
 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) **Illinois**

FATHER 13. NAME **Henry Fohrell**
 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) **Hosp. Info M. Kent**

18. BURIAL CREMATION, OR REMOVAL to **Red Bud, Ill.** PLACE DATE **Feb. 15, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **A. W. McLaughlin 2301 Lafayette Avenue**

20. FILED **FEB 14 1938** 19 **J. F. Braddock**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2/13/38**, 19

22. **2/13/38** BY CERTIFY, That I attended deceased from **2/13/38**, 19, to **2/13/38**, 19

I last saw **him** alive on **2/13/38**, 19, Death is said to have occurred on the date stated above, at **7.35 a**
 The principal cause of death and related causes of importance were as follows:
Coronary artery disease with cardiac aneurysm

Date of onset

Other contributory causes of importance: **None**

Name of operation 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? 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) **E. P. Rich** M. D.
 (Address) **City Hospital No. 1**

STATEMENT BY LICENSED EMBALMER

I, Paul Keith

Licensed Embalmer No. 3612

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

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed

Paul Keith

Licensed Embalmer No. 3612

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.)