

REC'D MAY 10 1938

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

13064
Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis
(d) Street No. 3546b Nebraska Ave. St. 24
(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.

Registration District No. 791
1003

Primary Registration District No.

Registered No. 3668

2. PRINT FULL NAME

Louise Fey 000
(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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George H. Fey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 30-1864.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 6 19

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) St. Louis, Mo.

FATHER 13. NAME Martin Germann

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 Clara Beller
(ADDRESS) 3546a Nebraska Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Paul Church DATE Apr. 21- 19 38

19. FUNERAL DIRECTOR Wacker-Helderle
(ADDRESS) 2331 S. Broadway

20. FILED APR 20 1938 J. F. Bredenk
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 18th, 19 38

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15th, 19. 36 to April 18th, 19. 38
I last saw her alive on April 18th, 19. 38. Death is said to have occurred on the date stated above, at 8. A. M.
The principal cause of death and related causes of importance were as follows:

Chronic Cardio Valvular Disease.
Chronic Myocarditis.

Other contributory causes of importance:

Chronic Bronchial Asthma.

Name of operation..... Date of.....
What test confirmed diagnosis? Auscultation here 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? No
If so, specify.....
(Signed) Frank J. Danco, M. D.
(Address) 1319 So. Bdway.

WHITE CARBET, 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.

I 121004

STATEMENT BY LICENSED EMBALMER

I, Robert Wheeler, Licensed Embalmer No. 2128

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

L. E.

No. 2128 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Robert Wheeler

Licensed Embalmer No. 2128

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.)