

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.

1939 APR 12 1939

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

8437
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791
(b) Township 1 Primary Registration District No. 1003 Registered No. 2202
(c) City St. Louis (d) Street No. 1460 E. Warne Ave. 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 Mary Fels

(a) Residence, No. 1460 E. Warne Ave. St. 9
(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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Fels

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 2 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 7 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. At Home
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

13. NAME Krammerer

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

15. MAIDEN NAME Do not Know

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

17. INFORMANT Ernest C. Fels
(ADDRESS) 1460 E. Warne Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens DATE 3/8/39

19. FUNERAL DIRECTOR (NAME) W.A. Stock Und. Co.
(ADDRESS) 2117 E. Grand

20. FILED MAR 7 1939
J. D. Beck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 4 1939, to Mar. 5 1939
I last saw her alive on Mar. 5 1939. Death is said to have occurred on the date stated above, at 2:40 P.M.
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
Date of onset 3/1/39
Other contributory causes of importance:
Arteriosclerotic Heart Disease

Name of operation Clonal Signs Date of no
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? No
If so, specify (Signed) Charles J. Mackey, M. D.
(Address) 3911 Lee Ave.

Chas. E. Martin
3911 Lee
Co. 2313

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed Frank A. Moore

Licensed Embalmer No. 13041

P. O. Address 2117 E. Grand

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.)

If this body is not embalmed, above space should be left blank.