S. No. 2
—11-10-39
v. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9406

Registration District No. 791 1 — Primary Registration District No. 1003 — Registrar's No. 2889

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3922 Hartford St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")
(d) Street No. 3922 Hartford St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 40 yrs. years.

3. (a) PRINT FULL NAME Caroline Fellhauer

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife August

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Sept. (Month) 14 (Day) 1878 (Year)

8. AGE: Years 61 Months 6 Days 17 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant August Fellhauer
(b) Address 3922 Hartford St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/40 (Month) (Day) (Year)
(c) Place: burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director Oscar J. Hoffmeister
(b) Address 4016 Chippewa St.

19. (a) MAR 28 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26 year 1940 hour 7 minute 30 p. M.

21. I hereby certify that I attended the deceased from Feb 1939, 19..., to Mar 26, 1940 that I last saw he was alive on Mar 26, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral embolism	3 days
Due to Auricular fibrillation	Several years
Due to Myocardial path	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Fabian J Burke (M. D. or other) M.D.
Address 6402 Wellington Date signed 3-28-40

(Licensed Embalmer's Statement on Reverse Side)

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 Ernest W. Spillers

Licensed Embalmer No. 14080

P. O. Address 3528 Russell Pl.

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.)

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