

FILED MAY 13 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15963
Registrar's No. 944

Registration District No. 772 Primary Registration District No. 6024C

1. PLACE OF DEATH: St Francois
(a) County St Francois
(b) City or town RURAL RANDOLPH Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution (Specify whether)

In this community 30 1/2
years, months or days

8. (a) PRINT FULL NAME ELMER ANDREW FENGER

8. (b) If veteran, name war — 8. (c) Social Security No. —

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife LAURA 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased JUNE 5 1919
(Month) (Day) (Year)

8. AGE: Years 30 Months 10 Days 5 If less than one day hr. min.

9. Birthplace St Louis County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation PLASTER

11. Industry or business Contractor

12. Name Edward Fenger

13. Birthplace St Louis Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Raura Scott

15. Birthplace St Louis Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature A. S. Vineyard

(b) Address Wallas Mo

17. (a) Burial (b) Date thereof 4-13-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunny Side Cemetery

18. (a) Signature of funeral director Dwight S. Vineyard

(b) Address Wallas Mo

19. (a) 4-11-40 (b) C. B. Farrar M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Near Highway 61
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 10
year 1940 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Jury Verdict Duration

in automobile accident on highway

3 1/2 miles south of Eolvin Mo

Due to by car turning over

crushing his body

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence April 10 - 1940

(c) Where did injury occur? on highway 32
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
as stated above
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Geo Diemer (M. D. or other) 4

Address Wallas Mo Date signed 4-10-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1 X 1931

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.....

H. W. Myard

Licensed Embalmer No. *3010*

P. O. Address *Ferrets Md*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **W 963**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **772**

Primary Registration District No. **60240**

Registrar's No. **944**

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

1. PLACE OF DEATH:

(a) County. **St. Francois**

(b) City or town. **Randolph Twp.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____
(Specify whether In this community. _____)

years, months or days

3. (a) PRINT FULL NAME **Elmer Andrew Fenger**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **m**

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased **June 5, 1919**
(Month) (Day) (Year)

8. AGE: Years **20** Months **10** Days **5** If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

{ 13. Birthplace _____
(City, town, or county) (State or foreign country)

{ 14. Maiden name _____

{ 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) **4/25/40** (b) **B. B. Sherrer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

20. DATE OF DEATH: Month **4** day **10**
year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **W. B. Deemer** (M. D. or other) _____
Address **21st River** Date signed _____

SUPPLEMENTARY

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