

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

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

FILED SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26961

State File No. _____

791

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 6857

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:
2610 Elliot 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 70 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 20
(If outside city or town limits, write "RURAL")
(d) Street No. 2610 Elliot
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Clara E. Fey

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased May 24 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 2 18 hr. min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Phillip Fey 6
13. Birthplace Unknown Germany 6
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Frankenbach
16. Birthplace Unknown Germany 6
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. Ruprecht
(b) Address 2610 Elliot

17. (a) Burial (b) Date thereof Aug. 14 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director W. J. ...
(b) Address 3934 N. 20th St.

19. (a) AUG 13 1940 (b) _____
(Date received by registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12
year 1940 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from Aug 11
Aug 11 1940 to Aug 12 1940
that I last saw him alive on Aug 12 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis with art. sclerosis

Due to _____

Due to _____

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

Major findings: Of operations none

Of autopsy no

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) no
(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 A. J. Hender (M. D. or other)
Address 490 1/2 Easton Ave Date signed 8/12/40

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 Alfred J. Boedetter
Licensed Embalmer No. 2663
P. O. Address 4204 Paine

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.