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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30198**

791 FILED OCT 4 5 1940

Registrar's No. **7475**

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital # 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community 30 years

3. (a) PRINT FULL NAME LAURA FEHL

3. (b) If veteran, name war none

3. (c) Social Security No. none

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

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

7. Birth date of deceased April 15, 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>4</u>	<u>19</u>	<u>hr. min.</u>

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

10. Usual occupation House-wife

11. Industry or business At Home

12. Name Charles Thomas

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

14. Maiden name Sarah ?

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

16. (a) Informant Edward Bonar

(b) Address 1729 So. 8th Street

17. (a) Burial (b) Date thereof Sep't. 6, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthew Cemetery

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) SEP 5 1940 (b) J. B. Bonar
(Date of local registration) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 24

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1729 So. 8th St Street
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3th
year 1940 hour 4. minutes 45 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 Fractured skull with cerebral congestion and hemorrhage, suffered when struck by Dodge Sedan driven by one Aron Reed, Col., about 5.20 P.M., August 31, 1940.

CRIMINAL CARELESSNESS.

Due to roadway and boulevard

Other conditions 210 v. 21
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____

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 8/31/40

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature J. B. Bonar (M. D. or other) _____
Address _____ Date signed _____

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

MOTHER FATHER

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: *Paul A. Keith*

Licensed Embalmer No. *3612*

P. O. Address: *2317 Lafayette*

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, fact should be so stated above.