

OCT 10 1940

Registration District No. 73

Primary Registration District No. 6018A

14
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: *St. Francois*
 (a) County St. Francois
 (b) City or town Near Farmington
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hospital No. 4
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 mos. 27 days
(Specify whether)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Oscar Fedgenhauer
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
 6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Dead years
 7. Birth date of deceased July 30th, 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	1	8	hr. _____ min.

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

10. Usual occupation Truck farming

11. Industry or business _____

12. Name Unknown

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 Records of State Hospital No. 4

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof 9-12-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director Leonard Hampton
 (b) Address St. Louis, Mo.

19. (a) Sept 8-40 (b) W. J. Robinson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 8
 year 1940 hour 5:30 minute A M.

21. I hereby certify that I attended the deceased from 11-11, 1939, to 9-8, 1940
 that I last saw him alive on 9-7, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Sclerosis
(Pericardial occlusion) per
minutes
 Due to Marked General atherosclerosis with psychomotor mental and physical conditions
Chronic valvular heart disease

Major findings:
 Of operations no
 Of autopsy no

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

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence no
 (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?

23. Signature Geo. Tivis Graves, Jr. (M. D. or other) M.D.
 Address Farmington, Mo. Date signed _____

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.....
Roman Hampton

Licensed Embalmer No. *2967*

P. O. Address *P. Louis, Mo*

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.