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FILED OCT 10 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33121

Registration District No. 784

Primary Registration District No. 109

Registrar's No. 1733

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7470 Hazel
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none 2
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 7470 Hazel
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Carrie M. Fein

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

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

6. (b) Name of husband or wife John H. Fein 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased June 27, 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 13 If less than one day hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Conrad Diehl

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

14. Maiden name Margaret Justin

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

16. (a) Informant Clare Fein

(b) Address 7470 Hazel

17. (a) Burial (b) Date thereof 9-12-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belleville, Ill.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) SEP 13 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10
year 1940 hour 8 minute 45 A. M.

21. I hereby certify that I attended the deceased from June 28, 1940 to Sept 9, 1940
that I last saw her alive on Sept 9, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration _____

Due to Arterio sclerosis

Due to 94%

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? _____

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

23. Signature [Signature] (M. D. or other) DC

Address 7321 A Manchester Date signed _____

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

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 _____

A. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.