

17-39
4-41
17-39
X26390

MAY 13 1941

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. _____

1. PLACE OF DEATH: **791**

(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Mo. 17 Days**
In this community **Birth**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **17 26**
(d) Street No. **1411 Bremen Ave**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Otto Fennemiar**

3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Male** 0
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Anna Fennemiar**
6. (c) Age of husband or wife if **81** years

7. Birth date of deceased **May 1, 1868**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	11	24	hr. min.

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

10. Usual occupation **Former city employee**

11. Industry or business _____

12. Name **Henry Fennemiar**

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

14. Maiden name **Annie Falk**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Anna Fennemiar**

(b) Address **1411 Bremen Ave**

17. (a) **Burial** (b) Date thereof **4/29/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Friedens Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**

(b) Address **2161 East Fair Ave**

19. (a) **APR 29 1941** (b) **J. F. Brudack**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **25**
year **1941** hour **8:40** minute **P.** M.

21. I hereby certify that I attended the deceased from **March 8, 1941** to **April 25, 1941**;
that I last saw him alive on **April 25, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**
Duration _____

Due to _____
Due to _____

Other conditions **Pericarditis anemica**
(Include pregnancy within 3 months of death)
+ Broncho pneumonia

Major findings:
Of operations _____

Of autopsy **gsc**

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. M. S. Gould** (M. D. or other) **0**
Address **1515 Lafayette Avenue** Date signed **4/26/41**

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..... *Edward Hambleton*

Licensed Embalmer No. *2967*

P. O. Address *St. 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.