

Registration District No. 791

Primary Registration District No. 1003

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:
5798 Kingsbury
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5798 Kingsbury
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

David Fechenbach

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Essie Fechenbach

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased October 5 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Rochester New York
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Woolen Mills

12. Name Louis Fechenbach

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

14. Maiden name Sophie Guttman
(City, town, or county) (State or foreign country)

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

16. (a) Informant Essie Fechenbach

(b) Address 5798 Kingsbury

17. (a) Burial (b) Date thereof. 6 - 30 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director H. Rindskopf

(b) Address 5216 Delmar

19. (a) JUN 29 1941 (b) J. P. Bueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1941 hour _____ minute 4 P.M.

21. I hereby certify that I attended the deceased from June 2nd
1941 to June 28, 19 41
that I last saw him alive on June 28, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia, cause unknown Duration 3 days

Due to _____
Due to _____

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death) Hypertrophic Spondylitis

Major findings: Non tuberculous
Of operations _____

Of autopsy 578
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 Dr. P. D. Stahl (M. D. or other) 0
Address 462 N. Taylor Ave Date signed 6/29

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

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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.....

Chas W. Cooper

Licensed Embalmer No. 3830

P. O. Address 5216 Delmar

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.