

FILED SEP 17 1941

Registration District No. 791 Primary Registration District No. 1003

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

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: 1604a S. 12th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME JOAN FEY

3. (b) If veteran, name war no

3. (c) Social Security No. none

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

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

7. Birth date of deceased March 9, 1932
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>9</u>	<u>5</u>	<u>4</u>	hr. min.

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

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER

12. Name Edward C. Fey

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

14. Maiden name Josephine Klostermann

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

16. (a) Informant Edward C. Fey

(b) Address 1604a S. 12th St.

17. (a) Burial (b) Date thereof Aug. 16-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director Am. C. Maydell

(b) Address 1926 Allen Ave.

19. (a) AUG 15 1941 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

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. 1604a S. 12th St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13
year 1941 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Aug. 11, 1941, to August 13, 1941; that I last saw her alive on August 13, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Centrostenitis acuta
Gastro-Intestinal infection caused by convulsions

Due to _____

Due to _____

Other conditions epilepsy
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration 4 days

7 years

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 Chas. H. Wensley (M. D. or other) MD

Address 3232 Lafayette Date signed Aug 15 41

32328 of [unclear]

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.....

Benj. C. Duncan

Licensed Embalmer No.....

2272

P.O. Address.....

1926 Allen

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.