

FILED MAR 17 1942

Registration District No.

Primary Registration District No. 1003

Registrar's No. 1482

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:
City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 14 600
(c) City or town St. Louis 19
(If outside city or town limits, write "RURAL")
(d) Street No. 6449 Marquette Ave 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16th day February
year 1942 hour 2:20 minute P. M.

21. I hereby certify that I attended the deceased from
19..... to 19.....;

that I last saw him alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to Lobar Pneumonia
Nephrosis

Due to 108

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

Major findings:
Of operations.....

Of autopsy.....

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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).....
Means of injury.....

23. Signature Thomas J. Callahan (M. D. or other).....
Address Deputy Coroner Date signed 2/17/42

3. (a) PRINT FULL NAME Albert J. Fennen

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 Single

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years About 53 Months Days If less than one day
hr. min.

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

10. Usual occupation Painter

11. Industry or business Unemployed

12. Name John Fennen

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

14. Maiden name Anna Heller

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

16. (a) Informant Anna J. Hutchinson

(b) Address 13558 Burly Ave. Chicago Ill

17. (a) Burial (b) Date thereof Feb 19 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter and Paul

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) FEB 17 (b) J. L. Bredeck
(Date received local registrar) (Registrar's signature)

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 Frank J. Owens

Licensed Embalmer No. 2245

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.