S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19551

FILED JUL 20 1942

Registration District No. 791 j

Primary Registration District No. 1003

Registrar's No. 5761

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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:
4153 A Flad Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

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. 4153 A Flad Avenue
(If rural, give location)

(e) Citizen of foreign country? X O (Yes or No)

If yes, name country X

3. (a) PRINT FULL NAME Mary Elizabeth Fehler

3. (b) If veteran, name war

3. (c) Social Security No. X

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles Fehler

6. (c) Age of husband or wife if alive 5 years

7. Birth date of deceased 11 (Month) 5 (Day) 1858 (Year)

8. AGE: Years 83 Months 8 Days 0 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Minnie

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

16. (a) Informant Mrs. Eugene Conrad

(b) Address 4419 Taft Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Truth Center Mortuary

(b) Address 4024 Lindell Boulevard

19. (a) JUL 6 1942 (Date received local registrar) J. F. Medeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th year 1942 hour 3:10 A.M. minute M.

21. I hereby certify that I attended the deceased from July 5 only, 1942 to 19; that I last saw h. alive on July 5, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration Hours

Due to Arterio-sclerosis — not known

Due to —

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? —

While at work? — (Specify type of place) (e) Means of injury 0

23. Signature Albert Wall (M. D.)

Address 5322 Helen Ave. Date signed 7/6/42

(Licensed Embalmer's Statement on Reverse Side)

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 Howard R Rowland

Licensed Embalmer No. 3114

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.