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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 25826

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 7343

SEP 10 1942

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: 4372 Ellenwood Ave. (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:** 000

(a) State Missouri (b) County 17
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 015
(d) Street No. 4372 Ellenwood Ave. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Erwin J. Fellhauer
3. (b) If veteran, name war
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 Mary Fellhauer
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased March (Month) 18, (Day) 1873 (Year)

8. AGE: Years 69 | Months 5 | Days 13 | If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Plumber
11. Industry or business
FATHER
12. Name Adam Fellhauer
13. Birthplace (City, town, or county) Germany. 4 (State or foreign country)
MOTHER
14. Maiden name Dont Know.
15. Birthplace Dont Know. (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mary Fellhauer
(b) Address 4372 Ellenwood Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep. 3, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation New SS. Peter & Paul
18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.
19. (a) SEP 2 1942 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug. day 31 year 1942 hour 3 minute P. M.
21. I hereby certify that I attended the deceased from Jan 2, 1940 to Aug 3/4 40 that I last saw him alive on Aug 6, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration

Due to

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Albert J Grost (M. D. ~~or other~~)
Address 3109 S Grand Date signed 9/1/42

HP

844

(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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Joe B. Benz

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St. 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.**