

FILED APR 15 1943  
Registration District No. 780

Primary Registration District No. 104

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Maplewood Nursing Home, 2200 Bredell  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 years-5 months  
(Specify whether

In this community 76 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
19

(c) City or town St. Louis 9  
(If outside city or town limits, write "RURAL")

(d) Street No. 6125 Washington  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELISE FELLHAUER

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Adam Fellhauer

6. (c) Age of husband or wife if alive, years 8 1849

7. Birth date of deceased February 8 1849  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>94</u>	<u>1</u>	<u>2</u>	_____ hr. _____ min.

9. Birthplace Bergzarben, Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Von Gnadon

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Margarite Unknown

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

16. (a) Informant Mrs. Elsa Perry

(b) Address 6125 Washington

17. (a) Burial (b) Date thereof 3/12/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Alexander T. Perry

(b) Address 6175 Delmar Blvd., St. Louis

19. (a) MAP 13 1943 (b) W. McHarran  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10  
year 1943 hour 1.30 minute P M.

21. I hereby certify that I attended the deceased from About 1 year 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw her alive on March 8, 1943 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis

Due to Infirmities of age

Due to \_\_\_\_\_

Other conditions 9vR  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 A. J. Perry (M. D. or other) 3/10/43

Address 7465 Hazel, Maplewood Date signed \_\_\_\_\_

Dr. Theo. F. Riel  
7465 Hazel Ave.  
Maplewood -  
before J.P.M.

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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 jos. E. McCulloch  
Licensed Embalmer No. 2460  
P. O. Address 6175 Pellmar

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.