

LED MAY 7 1943 318  
Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 3982

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

1. PLACE OF DEATH:

(a) County St. Louis

(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 Hosp # 1  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17

(c) City or town St. Louis 925  
(If outside city or town limits, write "RURAL")

(d) Street No. 419 Cole St  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Julius Fehers

3. (b) If veteran, name war. ....

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 13 year 1943 hour 11 minute 30 A.M.

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

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

6. (b) Name of husband or wife. .... 6. (c) Age of husband or wife if alive 1877 years

7. Birth date of deceased 1877  
(Month) (Day) (Year)

Immediate cause of death Chronic Arteriosclerosis Duration 90

Due to 90

Due to 90

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 66 Months Days If less than one day hr. min.

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

10. Usual occupation insurance

11. Industry or business

MOTHER FATHER

12. Name Missouri

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

14. Maiden name Missouri

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

Major findings: Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant James G. Johnson

(b) Address 1300 Clark

17. (a) Antonie Brown Date thereof 8.43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. Richter

(b) Address APR 29 1943 3500 Rutledge

19. (a) (Date received local registrar) (b) J. J. Brueck (Registrar's signature)

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 W. Richter (M. D. or other)

Address St. Louis Date signed 4/13/43

---

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**