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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1944

Registration District No. 377

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8239

Primary Registration District No. 2002

Registrar's No. 597

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town UNIVERSITY CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6833 PERSHING 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:

(a) State MO (b) County ST. LOUIS 96
(c) City or town CLAYTON 2
(If outside city or town limits, write "RURAL")
(d) Street No. # 12 RIDGEMOOR DRIVE 3
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME BERNADIN FEHLIG

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex FEMALE | 5. Color or race WHITE | 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CHARLES F. FEHLIG
6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased OCT. (Month) 17 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	4	20	hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country) 0

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name THEODORE BURGHOFF
13. Birthplace Unknown (City, town, or county) GERMANY (State or foreign country) 4

MOTHER
14. Maiden name FRANCISHA SCHELUTER
15. Birthplace Unknown (City, town, or county) GERMANY (State or foreign country) 4

16. (a) Informant CHARLES F. FEHLIG
(b) Address # 12 RIDGEMOOR DRIVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-9-44 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) MAR 9 - 1944 (Date received local registrar) (b) E. G. McGavran, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 7, year 1944 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 1, 1943 to Mar 7, 1944 that I last saw her alive on Mar 1, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 hr
Due to Hypertensive Cardio Vasc Disease	10 yrs?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 93d

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 R. A. Kusella (M. D. or other)
Address 3720 Washington Date signed 3/7/44

(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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.