S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12765

State File No.

FILED MAY 15 1944

Registration District No. 3148 Primary Registration District No. 1003 Registrar's No. 4122

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: Desloge Hospital 0
(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 9/9
(If outside city or town limits, write "RURAL")

(d) Street No. 4154 Maryland Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME William Fenton

3. (b) If veteran, name war No

3. (c) Social Security No. 491-18-4806

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Maude Fenton

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased March (Month) 20 (Day) 1888 (Year)

8. AGE: Years 56 | Months 1 | Days 12 | If less than one day hr. min.

9. Birthplace Lake Springs, (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business

FATHER
12. Name Frank Fenton
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Jane Knight
15. Birthplace Unknwon (City, town, or county) 9 (State or foreign country)

16. (a) Informant Maude Fenton
(b) Address 4154 Maryland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 6, (Day) 1944 (Year)
(c) Place: burial or cremation Lake Springs Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington

19. (a) MAY 3 1944 (Date received local registrar) (b) J. F. Bridesk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1944 hour 12 minute 10 P M.

21. I hereby certify that I attended the deceased from Feb. 27, 1944, to May 2, 1944 that I last saw him alive on May 2, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease Chr. Nephritis

Due to

Due to Uremia Bronchio-Pneumonia

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature Robert J. Farrell (M. D. or other)

Address 1624 N. Union Date signed 5/2/44

(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 G W Wilkinson

Licensed Embalmer No. 3575

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.