

State File No. _____

FILED FEB 7 1945
318

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 832

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:
2349 N. Market St.
(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 Missouri (b) County _____

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

(d) Street No. 2349 North Market St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Lena Fesenfeldt

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

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

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

7. Birth date of deceased December 19, 1897
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25 year 1945 hour 8 minute 30 AM.

21. I hereby certify that I attended the deceased from Dec. 22 1944 to Jan. 25 1945; that I last saw her alive on Jan. 18 1945 and that death occurred on the date and hour stated above.

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

<u>87</u>	<u>1</u>	<u>6</u>	hr. min.
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9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Nicholas Fessenfeldt

13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. Fisher
(b) Address Overland Missouri

17. (a) Burial (b) Date thereof Jan. 29, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CONCORDIA CEMETERY

18. (a) Signature of funeral director W. J. Fisher
(b) Address 2201 S. Grand St.

19. (a) JAN 27 1945 (Date received local registrar)
J. F. Bredek (Registrar's signature)

Immediate cause of death Senile Debility

Due to Cardio-Renal Dis.

Other conditions 1/31 a
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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. H. Tracy (M. D. or other) _____
Address 2249 St. Louis Ave. Date signed 1/26 45

Duration
<u>2 M.</u>
<u>6 M.</u>

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

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.....

Nancy A. Stewart

Licensed Embalmer No..... 3722

P. O. Address..... 412 Duchouquette St.

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.