

FILED MAR 16 1945

Registration District No. **318**

Primary Registration District No. ....

Registrar's No. **2101**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital #1. 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no--3 days  
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 2746 Keokuk St.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Henry Fessley

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Elise J. Fessley

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased October 27, 1870  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>4</u>	<u>6</u>	hr. min.

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

10. Usual occupation Laborer

11. Industry or business.....

MOTHER FATHER { 12. Name Charles Fessley

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

14. Maiden name Unknown

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

16. (a) Informant Elise J. Fessley

(b) Address 2746 Keokuk St.

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 3-6-45  
(Month) (Day) (Year)

(c) Place: burial or cremation SS Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz

(b) Address 2842 Meramec St.

19. (a) MAR 5 1945  
(Date received local registrar)

J. F. Bredbeck  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd  
year 1945 hour 9:05 minute A. M.

21. I hereby certify that I attended the deceased from 1/29/45  
to 3/3/45, 19....., to 3/3/45, 19.....  
that I last saw h. im alive on 3/3/45, 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to 95

Due to.....

Other conditions Heart Hypertrophy  
(Include pregnancy within 3 months of death)

Major findings: Cerebral Hemorrhage

Of operations.....

Of autopsy Same

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?.....

While at work? 0 (Specify type of place)

(c) Means of injury 0

23. Signature E. W. Gibb  
1815 Lafayette  
Date signed 3/3/45

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

*Emb Dep cert files*

MAR 5 1915

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.**