S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 27 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11206

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3369

1. PLACE OF DEATH:
(a) County: St. Louis Mo
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Deacones Hosp. 6140 Oakland (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 17
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 6 16
(d) Street No.: 3443 Tennessee (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Josephine Fell
3. (b) If veteran, name war:
3. (c) Social Security No. 494-01-6175
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Jan. 24 1906 (Month) (Day) (Year)

8. AGE: Years 39 Months 3 Days 23 If less than one day hr. min.

9. Birthplace: St. Louis Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Clerk
11. Industry or business: Federal Farm Loan

FATHER
12. Name: Joseph M. Fell
13. Birthplace: Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Weiner
15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Mary Fell
(b) Address: 3443 Tennessee
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-45 (Month) (Day) (Year)
(c) Place: burial or cremation: S.S. Peter & Paul Cem.
18. (a) Signature of funeral director: Hangbernnehle Funeral Home
(b) Address: 3819 S. Grand Blvd.
19. (a) APR 16 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4th day 15th year 1945 hour 12/45 A.M. M.
21. I hereby certify that I attended the deceased from March 12, 1945, to Apr. 15 1945; that I last saw her alive on Apr. 14, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Adenocarcinoma of Pancreas — Duration 6 mo.
Due to: Pyloric obstruction — 3 wks
Due to: Pleural Effusion
Due to: Carcinoma — 6 mo.?
Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: Pyloric obstruction
Of autopsy: Adenocarcinoma of Pancreas

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): No
(b) Date of occurrence: XX
(c) Where did injury occur? XX (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? XX (Specify type of place)
While at work? XX (e) Means of injury: XX

23. Signature: Horace Johnson M.D. (M. D. or Coroner)
Address: 2435 N. Grand Bl., St. Louis Date signed 4-16-45

(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.....

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.