

No. 2
-5-43
5-17-39
I X38671

FILED APR 12 1946

Registration District No. **918** Primary Registration District No. **1003** Registrar's No. **3055**

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:
5121 Rosa Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
years, months or days)

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") **279**

(d) Street No. 5121 Rosa Ave.
(If rural, give location) **90**

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Frederick A. Fehling,

3. (b) If veteran, name war No 3. (c) Social Security No. 493-07-8381

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hilda Fehling 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Feb 12 1890
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>1</u>	<u>18</u>	hr. min.

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

10. Usual occupation Branch Manager
City Ice & Fuel Co

11. Industry or business.....

MOTHER FATHER { 12. Name John H. Fehling

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Sicking
(City, town, or county) (State or foreign country)

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hilda Fehling,
(b) Address 5121 Rosa Ave.

17. (a) Burial (b) Date thereof 4-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 3320 N. Kingshighway Blvd.

19. (a) APR 1 1946 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1946 hour 3 minute 8 M.

21. I hereby certify that I attended the deceased from Jan 2 - 1944 to March 30 1946
that I last saw him alive on March 29 1946
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Duration**

Coronary Thrombosis 6 hrs

Due to Myocarditis - Massive

Due to large heart - fatty

Other conditions..... (Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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?..... (Specify type of place) (e) Means of injury **0**

23. Signature A. L. Kertel (M. D. or other)
Address 3606 Garois Date signed 4/1/46

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

LOUIS

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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.