

S. No. 2
M-5-43
v. 5-17-39
I X36671

Registration District No. **318** Primary Registration District No. **1003**

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:
3335 S. 2nd St. /
(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)

3. (a) PRINT FULL NAME **Walter Fell**

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

4. Sex **Male** **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 **July 27, 1881**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	7	5	hr. _____ min. _____

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

10. Usual occupation **Marine Fireman**

11. Industry or business _____

MOTHER FATHER

12. Name **Charles Fell**

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

14. Maiden name **Caroline Erbeck**

15. Birthplace **Alton** **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **William Fell**
 (b) Address **3335 S. 2nd St.**

17. (a) Cremation (b) Date thereof **March 4/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Missouri Crematory**

18. (a) Signature of funeral director **Weick Bros.**
 (b) Address **2201 S. Grand Bl.**

19. (a) **MAR 4 1946** (b) **J. F. Medeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis** **17**
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3335 S. 2nd St.** **249**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **2**
 year **1946** hour **2** minute **55 P.** M.

21. I hereby certify that I attended the deceased from **2-27-** 19**46** to **3-2-** 19**46**;
 that I last saw h.i.m. alive on **2-27-46**, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
chronic myocarditis
dilated
 Due to _____

Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)
93

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?

While at work? _____ (Specify type of place)
 Means of injury _____

23. Signature **W. R. Gunn** (M. D. or other) _____
 Address **2227 S. Broadway** Date signed **2-2-46**

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..... *Jerry W. 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.