

S. No. 2  
FORM-5-43  
REV. 5-17-39  
I X36871

FILED FEB 3 1947  
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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:  
4619 Richard Pl.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Elsie W. Fehring

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Albert J. Fehring

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased June 17, 1896  
(Month) (Day) (Year)

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

50 7 5 hr. min.

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

10. Usual occupation At home

11. Industry or business.....

MOTHER FATHER { 12. Name William Vogelpohl

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

{ 14. Maiden name Charlotte Krieger

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

16. (a) Informant Mr Albert J. Fehring

(b) Address 4619 Richard Pl.

17. (a) Burial (b) Date thereof 1/27/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son, Inc.

(b) Address 2161 East Fair Ave

19. (a) JAN 23 1947 (b) J. Bredsch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-00

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

(d) Street No. 4619 Richard Pl.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22,  
year 1947 hour 2:45 P.M. minute 90 M.

21. I hereby certify that I attended the deceased from 12/3/46, 1946 to 1/22, 1947  
that I last saw her alive on 1/21/47, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Adipose Disease  
Non-tubercular

Due to.....

Due to.....

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

65

Duration 1 yr

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?.....

23. Signature L. J. Munkford (Specify type of place) (e) Means of injury 0  
Address Ludell Dist. Mo. (M. D. or other) M.D.  
Date signed 1/23/47

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

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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 *Gustav W. Dietert*

Licensed Embalmer No. *4329*

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.**