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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28746

FILED AUG 30 1947

Registration District No. 3

Primary Registration District No. 3058

Registrar's No. 143

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution: St. Josephs Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether

In this community 11 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles 9

(c) City or town St. Charles) Machens 9 (If outside city or town limits, write "RURAL")

(d) Street No. 3 (If rural, give location)

(e) Citizen of foreign country? — (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Gilbert Roy Fenley

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 13 (Day) 1947 (Year)

8. AGE: Years 0 Months 0 Days 11 If less than one day hr. min.

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

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name William Mac Fenley
13. Birthplace Fulton (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Sylvia Clendenny
15. Birthplace St. Charles (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. William Mac Fenley

(b) Address Machens Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug 25-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem St. Charles Mo

18. (a) Signature of funeral director H. C. Dallmeyer + Sons Co

(b) Address 800 N. 2nd - St. Charles, Mo

19. (a) Aug 26/47 (Date received local registrar) (b) Fannie Hamilton (Registrar's signature) 2811

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24 year 1947 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug 13th, 1947, to Aug 24, 1947; that I last saw him alive on Aug 23rd, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration 2 days

Due to Premature Birth at 7 mo.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 159

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature C. A. Barnard (M. D. or other)

Address St. Charles Mo Date signed Aug 25th

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed AUG 29 1947

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 Joseph I Lindolet

Licensed Embalmer No. 4189

P. O. Address St Charles

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.