No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

79

3375

State File No. 1

FILED JAN 21 1948

Registration District No. 367

Primary Registration District No. 3069

Registrar's No. 79

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

1. PLACE OF DEATH:

(a) County St. Louis

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 00-0

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6807 Dale Ave. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME CAROLE NADINE FENTON

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 21 (Day) 1940 (Year)

8. AGE:

Years	Months	Days	If less than one day
7	5	17	hr. min.

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

10. Usual occupation 2nd Grade School Girl

11. Industry or business George Dewey School

FATHER
12. Name Forest P. Fenton
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Audrey Jordan
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Frank P. Fenton
(b) Address 6807 Dale Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) 1-10-48 (Date received local registrar) (b) Cecil J. Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8
year 1948 hour 3:50 minute P. M.

21. I hereby certify that I attended the deceased from JAN 5, 1948, to JAN 8, 1948, that I last saw her alive on JAN 8, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: CONGESTIVE HEART FAILURE	1 WEEK
Due to: ACUTE RHEUMATIC FEVER	4 MOS
Due to: 58	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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

23. Signature Leroy Stephens (M. D. or other) MD

Address 3284 IVANHOE Date signed 1-10-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 18 1948

3984 Kranhoe Ave.

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.