

FILED MAY 28 1949

STANDARD CERTIFICATE OF DEATH

State File No. 18078

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 983

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6104 Huntsville		d. STREET ADDRESS (If rural, give location) 6104 Huntsville Ave	
3. NAME OF DECEASED (Type or Print) a. (First) Anthony b. (Middle) J. c. (Last) Fehringer		4. DATE OF DEATH (Month) (Day) (Year) April 20 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 31 1898
9. AGE (In years last birthday) 50		10. IF UNDER 1 YEAR Months 0 Days 0	11. IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dept Mgr.		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? 0	
13a. FATHER'S NAME Anthony L. Fehringer		13b. MOTHER'S MAIDEN NAME ? Egan	
14. NAME OF HUSBAND OR WIFE Norma Fehringer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NO	
17. INFORMANT'S SIGNATURE OR NAME Norma Fehringer		ADDRESS 6104 Huntsville	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma lung left		INTERVAL BETWEEN ONSET AND DEATH 7 mo.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) 1624	
DUE TO (c) 4702			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoma lung	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from last 19 48 , to 4:20 , 19 49 , that I last saw the deceased alive on 4-20 , 19 49 , and that death occurred at 11P. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Oliver Jost M.D.		23b. ADDRESS 3500 N. Grand	
23c. DATE SIGNED 8-22-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 23 1949	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cent		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. 4-23-49		REGISTRAR'S SIGNATURE Frank J. Lemington	
25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark		ADDRESS 1125 Hodiamont Ave	

(Licensed Embalmers' Statement on Reverse Side)

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

Dr. Chas Jost

3500 N. Grand

Ne 8510

2 to Six Friday

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Clement M. Neary

Licensed Embalmer No. *3732*

P. O. Address

St. Louis

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.