

FILED SEP 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 31631
7775
Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				
d. FULL NAME OF HOSPITAL OR INSTITUTION 2431 Coleman St.				d. STREET ADDRESS (If rural, give location) 2431 Coleman St.				
3. NAME OF DECEASED (Type or Print) Arthur D. Fehrmann			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH Sept. 14, 1950		4. DATE (Month) (Day) (Year)		5. SEX Male		6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widower		8. DATE OF BIRTH Dec. 21, 1889		9. AGE (In years last birthday) 60		10. F UNDER 1 YEAR Months Days		
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Paper Hanger		10b. KIND OF BUSINESS OR INDUSTRY		
13a. FATHER'S NAME John B. Fehrmann		13b. MOTHER'S MAIDEN NAME Spphia Krausie		14. NAME OF HUSBAND OR WIFE Mary Barton Fehrmann				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Arthur U. Fehrmann				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation due to hanging when found hanging by the neck by a rope attached to the door frame between the hallway and front room DUE TO (b) was at his home 2431 Coleman St DUE TO (c) was on Sept 12 1950 at about 1:49 pm II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Interval between onset and death						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1:49 pm Suicide				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMEKIDE Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Miss		21d. TIME OF INJURY Sept 12 5:12:29 p.m.		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 6974X						
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:49 p.m., from the causes and on the date stated above.								
23a. SIGNATURE Patrick E. Taylor Embaler				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 9. 14. 50.		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/14/50		24c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
DATE REC'D BY LOCAL SEP 14 1950		REGISTRAR'S SIGNATURE J. B. Lacater		25. FUNERAL DIRECTOR'S SIGNATURE Paschedag-Henke 2825 N. Grand Blvd				

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed

J. Wm. Dinsley

Signed.....
Student Embalmer

Licensed Embalmer No..... *3653*

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.