S. No. 300
v. 10.48

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42229

State File No. 10339

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 100 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ALXIAN BROS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 2179
d. STREET ADDRESS (If rural, give location): 3930 CLEVELAND AVE

3. NAME OF DECEASED (Type or Print)
a. (First) GEORGE b. (Middle) NICHOLAS c. (Last) FEHL

4. DATE OF DEATH (Month) (Day) (Year): DEC. 3 - 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: SEPT. 11-1874
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY: EXCE
11. BIRTHPLACE (State or foreign country): MO. O
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: GEORGE FEHL
13b. MOTHER'S MAIDEN NAME: CAROLINE VERGAS
14. NAME OF HUSBAND OR WIFE: LAVINA FEHL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: George Fehl - 3534 Shenandoah

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 Day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Infectious Cystitis — 4 wks
DUE TO (c) Chronic Prostatic Hypertrophy

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Acute Hemorrhage of Urinary Bladder

19a. DATE OF OPERATION: 11-4-50
19b. MAJOR FINDINGS OF OPERATION: Cystoscopy only
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 606 X

22. *I hereby certify that I attended the deceased from* 11/4, 1950, *to* 12/3, 1950, *that I last saw the deceased alive on* 12/3, 1950, *and that death occurred at* 10:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George S Mehan UMD
23b. ADDRESS: 3903 Olive
23c. DATE SIGNED: 12/4/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: DEC. 5-1950
24c. NAME OF CEMETERY OR CREMATORY: CALVARY CEM.
24d. LOCATION (City, town, or county) (State): ST. LOUIS, MO

DATE REC'D BY LOCAL REG.: DEC 5 1950
REGISTRAR'S SIGNATURE: J. B. Sasaten
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: L. MULLEN UND. CO. 5165 DELMAR

(Licensed Embalmer's Statement on Reverse Side)

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 ..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed J. Allen Howes Jr.

Licensed Embalmer No. 4053

P. O. Address St. James, Me

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.