

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11079

FILED MAR 30 1951

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 724

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Lemay		c. CITY (If outside corporate limits, write RURAL and give township) 87 TOWN 927 Ave. H. 4870	
d. FULL NAME OF HOSPITAL OR INSTITUTION 927 Avenue H		d. STREET ADDRESS (If rural, give location) Lemay 23, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Louis b. (Middle) _____ c. (Last) Fanger			4. DATE OF DEATH (Month) (Day) (Year) MAR 19-1951		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1	
8. DATE OF BIRTH April 21, 1876		9. AGE (In years last birthday) 74		10. IF UNDER 1 YEAR Months 11 Days 28	
11. BIRTHPLACE (State or foreign country) Switzerland		12. CITIZEN OF WHAT COUNTRY? USA		13. IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) gardner		10b. KIND OF BUSINESS OR INDUSTRY self		11. BIRTHPLACE (State or foreign country) Switzerland	
12. CITIZEN OF WHAT COUNTRY? USA		13. IF UNDER 24 HRS. Hours _____ Min. _____		14. NAME OF HUSBAND OR WIFE Lena Fanger	

13a. FATHER'S NAME Aloy Fanger		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Lena Fanger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Lena Fanger, 927 Ave H	
17. INFORMANT'S SIGNATURE OR NAME Lena Fanger, 927 Ave H		17. INFORMANT'S SIGNATURE OR NAME Lena Fanger, 927 Ave H		17. INFORMANT'S SIGNATURE OR NAME Lena Fanger, 927 Ave H	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza				INTERVAL BETWEEN ONSET AND DEATH 3 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic: myocarditis, arteriosclerosis - Semisolid				Chronic	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 481X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		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 Mar 19, 1951, to Mar 19, 1951, that I last saw the deceased alive on Mar 19, 1951, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE Ray C. Krueger M.D.		23b. ADDRESS 7702 Rowing Ave		23c. DATE SIGNED 3/19/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 3-22-51		24c. NAME OF CEMETERY OR CREMATORY St. Trinity	
24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.		24e. LOCATION (City, town, or county) (State) Lemay 23, Mo.		24f. LOCATION (City, town, or county) (State) Lemay 23, Mo.	

DATE REC'D BY LOCAL REG. 3/20/51		REGISTRAR'S SIGNATURE Robert P. Tomb		25. FUNERAL DIRECTOR'S SIGNATURE Fendler Wnd. Co.	
				ADDRESS 7420 Michigan	

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 E Merritt*

Signed.....
Student Embalmer

Licensed Embalmer No. *8360*

P. O. Address *Jerry M*

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.