

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18039

FILED MAY 17 1951

State File No. 4364
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 4364		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			2029				
d. FULL NAME OF HOSPITAL OR INSTITUTION 5206 Robert				d. STREET ADDRESS (If rural, give location) 5206 Robert						0			
3. NAME OF DECEASED a. (First) Emil (Type or Print)			b. (Middle) F.		c. (Last) Fey		4. DATE OF DEATH (Month) (Day) (Year) 5 8 1951						
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept 6, 1883		9. AGE (In years last birthday) 67		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) Printing Pressman				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Simon Fey			13b. MOTHER'S MAIDEN NAME Elizabeth Maesser			14. NAME OF HUSBAND OR WIFE Carrie Fey							
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carrie Fey 5206 Robert							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis								INTERVAL BETWEEN ONSET AND DEATH 20 min.			
*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) Coronary artery disease and coronary thrombosis. Hospitalized 4/19/48 to 6/5/48 and again from 7/3/48 to 7/11/48											
		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis											
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION _____								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? H 201								
22. I hereby certify that I attended the deceased from May 19, 1946 , to May 8, 1951 , that I last saw the deceased alive on May 3, 1951 , and that death occurred at 8:10A. m. , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) B. W. Klippel, M. D., D.				23b. ADDRESS 3701 Grandel Sq., St. Louis, Mo.				23c. DATE SIGNED 5/8/51					
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5/11/51		24c. NAME OF CEMETERY OR CREMATORY N St Marcus Cemetery			24d. LOCATION (City, town, or county) (State) St Louis, Mo.						
DATE REC'D BY LOCAL REG. MAY 9 1951		REGISTRAR'S SIGNATURE J B Lasater			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L Ziegenhein & Sons 7027 Gravois								

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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Frank J. Pover*

Licensed Embalmer No. *2245*

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.