

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21601**BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3069** Registrar's No. **2997**

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights | | c. CITY (If outside corporate limits, write RURAL and give township) Clayton | |
| c. LENGTH OF STAY (in this place) 2-weeks | | d. STREET ADDRESS (If rural, give location) # 12 Ridgemoor Drive | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Frank c. (Last) Fehlig | | | 4. DATE OF DEATH (Month) (Day) (Year) June 23, 1951 |
| 5. SEX M. | 6. COLOR OR RACE W. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. | 8. DATE OF BIRTH Dec. 2, 1872 |
| 9. AGE (In years last birthday) 78 | | 10. MONTHS 6 | 10. DAYS 21 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pres. Fehlig Bros. Box & Lumber Co. | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. |
| 10c. CITIZEN OF WHAT COUNTRY? U.S. | | | |
| 13a. FATHER'S NAME Theo. C. Fehlig | | 13b. MOTHER'S MAIDEN NAME Wilemme Hueman | 14. NAME OF HUSBAND OR WIFE Mrs. Bernadin Fehlig |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT'S SIGNATURE OR NAME Miss Rosalia Fehlig, # 12 Ridgemoor Dr. |
| 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) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 15 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. years | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 331X | |
| 20. AUTOPSY? YES <input checked="" 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) June 23, 1951 1:30 p.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 June 2, 1951 , to June 23, 1951 , that I last saw the deceased alive on June 23, 1951 , and that death occurred at 1 p.m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Samuel P. Reister M.D. | | 23b. ADDRESS 607 N. Grand Ave | 23c. DATE SIGNED 6/25/51 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE June 27, 1951 | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
| DATE REC'D BY LOCAL REG. 6-25-51 | REGISTRAR'S SIGNATURE Arthur P. Donohue M.D. | FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly ADDRESS 3840 Lindell Blvd. | |

(Licensed Embalmers' 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

John J. Haines

Licensed Embalmer No. *4108*

P. O. Address

Shelby, 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.