

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28222**
7421

FILED SEP 1 1951

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

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ b. COUNTY _____	
b. CITY OR TOWN ST. LOUIS:		c. CITY OR TOWN SAINT LOUIS: 2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION GOOD SAMARITAN HOME		d. STREET ADDRESS (If rural, give location) 4500 WASHINGTON BLV'D.	

3. NAME OF DECEASED (Type or Print) a. (First) HENRY	b. (Middle) FREDERICK	c. (Last) FAHRENKROG	4. DATE OF DEATH (Month) (Day) (Year) AUG 20 1951.
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH MARCH 28 1872	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED; AUTOMOBILE DISTRIBUTER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) BUNKER HILL, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME FREDERICK FAHRENKROG	13b. MOTHER'S MAIDEN NAME UNK.	14. NAME OF HUSBAND OR WIFE JOSEPHINE MAPPE
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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 EUGENE H. FAHRENKROG	ADDRESS 7376 KINGSBURY
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. Myocarditis		INTERVAL BETWEEN ONSET AND DEATH Not Known
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	DUE TO (c) none		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None perform	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H22.1
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22. I hereby certify that I attended the deceased from **11/15/49**, 19___, to **8/17/51**, 19___, that I last saw the deceased alive on **8/17/51**, 19___, and that death occurred at **5:00 am.**, from the causes and on the date stated above.

23a. SIGNATURE Eugene H. Fahrenkrog M.D.	23b. ADDRESS 3515 South Grand	23c. DATE SIGNED 8/20/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG 22 1951	24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.
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DATE REC'D BY LOCAL REG. AUG 20 1951	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE C. R. LUPTON & SONS	ADDRESS 7233 DELMAR BLV
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3515 Grand
fa-3344

APR 2 1944

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*

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.