

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32930

FILED OCT 2 1952

State File No. 8019

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8019

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		a. STATE Missouri	
c. LENGTH OF STAY (in this place) 1 Day		b. COUNTY St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		c. CITY (If outside corporate limits, write RURAL and give township) Richmonds Heights	
		d. STREET ADDRESS (If rural, give location) 1405 Silverton Place	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Minnie	b. (Middle) Hannah	c. (Last) Fey	(Month) 8	(Day) 22	(Year) 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1/14/1883	9. AGE (in years last birthday) 69	IF UNDER 1 YEAR Months 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY Reasurant	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Edwin R. Handley	13b. MOTHER'S MAIDEN NAME Anna Obermeyer	14. NAME OF HUSBAND OR WIFE Charles H. 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. 489-03-8745	17. INFORMANT'S SIGNATURE OR NAME Mrs. Geo. R. Rose, 1405 Silverton Pl.

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		INTERVAL BETWEEN ONSET AND DEATH 1 week
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive Heart Disease</u>		
19a. DATE OF OPERATION	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? 331X

22. I hereby certify that I attended the deceased from 8/13/52, 19 to 8/22/52, 19, that I last saw the deceased alive on 8/21/52, 19, and that death occurred at 3:45A m., from the causes and on the date stated above.

23a. SIGNATURE Vincent Fournesnel M.D.	23b. ADDRESS 3101 a Sutton Maplewood Mo	23c. DATE SIGNED 8/22/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/25/52	24c. NAME OF CEMETERY OR CREMATORY Bethlehem Cemetery
		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. AUG 25 1952	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary	ADDRESS 6633 Clayton Road
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(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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Ronald Q. Yabuka*

Licensed Embalmer No. *3917*

P. O. Address *St. Louis*

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.