

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **42363**  
 Registrar's No. **10851**

FILED DEC 16 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b> <span style="float: right;">2129</span>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Good Samaritan Home, 4500 Washington Blvd.</b>		d. STREET ADDRESS (If rural, give location) <b>4500 Washington Blvd.</b> <span style="float: right;">0</span>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>ERNEST</b> b. (Middle) <b>- - -</b> c. (Last) <b>FEHLEBERG</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Nov. 27, 1954.</b>
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Never Married</b>	<b>8. DATE OF BIRTH</b> <b>Feb. 6, 1861</b>
<b>9. AGE</b> (In years last birthday) <b>93</b>		<b>10. KIND OF BUSINESS OR INDUSTRY</b> <b>Farmer</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Solingen, Germany</b> <span style="float: right;">4</span>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>Gustave Fehlenberg</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Amelia Herberitz</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>None</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Rev. H.E. Koenig, 4500 Washington Blvd.</b>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Heart block</b>			
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerotic Heart Disease.</b>			
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <span style="float: right;">4200</span>	
<b>22. I hereby certify that I attended the deceased from 11/26, 1954, to 11/27, 1954 that I last saw the deceased alive on 11/26, 1954, and that death occurred at 9:45A m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <b>H. F. Bergman M.D.</b>		<b>23b. ADDRESS</b> <b>3220 Washington</b>	<b>23c. DATE SIGNED</b> <b>11/27/54</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b>	<b>24b. DATE</b> <b>11/29/54.</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>St. Peters Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis County, Mo.</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>NOV 29 1954</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Calvin F. Feutz</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Calvin F. Feutz, 4828 Natural Bridge Blvd.</b>	

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 A. Minnar  
Licensed Embalmer No. 4186

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.