

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 6 1955

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1003

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>6 hrs</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>22 2751 1/2 Park 2229</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>John A.</u> b. (Middle) <u>Fehrenbach</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>8/18/55</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>April 18 1900</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u>4</u> Days _____	IF UNDER 4 HRS. Hours _____ Mins. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miller</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ford-Mercury Co</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>John Fehrenbach</u>			13b. MOTHER'S MAIDEN NAME <u>Lena Klockenker</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>497-07-378</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Cyril Ryan</u>			ADDRESS <u>3528 No. Jefferson</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute gastro enteritis</u> ANTECEDENT CAUSES <u>secondary to ingestion of road stool</u> <u>Septic (b) entericulosis, Hypertrophy;</u> <u>Morbid conditions, if any, giving rise to the above cause (a) and the underlying cause last.</u> <u>Generalized arterio sclerosis;</u> <u>pathologic ingestion of road</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition leading to death. <u>road stool found in yard in rear of house on Aug 18, 1955.</u>				INTERVAL BETWEEN ONSET AND DEATH _____		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Accident</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>St. Louis</u> (COUNTY) <u>Mo.</u> (STATE) _____				
21d. TIME (Month) (Day) (Year) (Hour) (Minute) <u>Aug 18 55</u> ? m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>E 8790</u>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1005 P.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Name or title) <u>Patrick L. Taylor, Coroner</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>8.20.55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>8/24/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nat. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks Mo.</u>		
DATE REC'D BY LOCAL REG. <u>AUG 20 1955</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. J. A. Howard</u> ADDRESS <u>1619 So. Grand</u>				

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.....
Signature of Student Embalmer

Signed *Robert M. Murray*.....

Licensed Embalmer No. *2749*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.