

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **39295**

**FILED DEC 13 1955**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2725**

<b>I. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>St. Louis,</b>		a. STATE <b>Missouri,</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Manchester</b>		c. CITY OR TOWN <b>St. Louis,</b>	
c. LENGTH OF STAY (in this place) <b>9 days</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Manchester Nursing Home,</b>		e. STREET ADDRESS (If rural, give location) <b>3445-Itaska-St.,</b>	
<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)
a. (First) <b>Louis</b>			<b>November 19, 1955.</b>
b. (Middle) _____			
c. (Last) <b>Fessner,</b>			
<b>5. SEX</b>	<b>6. COLOR OR RACE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)	<b>8. DATE OF BIRTH</b>
<b>Male,</b>	<b>White,</b>	<b>Single,</b>	<b>June 14, 1885</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>9. AGE</b> (In years last birthday) <b>70</b>
<b>Printer,</b>		<b>Retired 35 Years.</b>	If UNDER 1 YEAR Months _____ Days _____ If UNDER 6 HRS. Hours _____ Min. _____
<b>11. BIRTHPLACE</b> (City and State or Foreign Country)		<b>12. CITIZEN OF WHAT COUNTRY?</b>	
<b>St. Louis, Missouri,</b>		<b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b>		<b>13b. MOTHER'S MAIDEN NAME</b>	<b>14. NAME OF HUSBAND OR WIFE</b>
<b>Joseph Fessner,</b>		<b>Magdalena Ohlman,</b>	<b>None</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS
<b>NO</b>		<b>None</b>	<b>Edwin B. Fels, 4412 Grace Ave.,</b>
<b>MEDICAL CERTIFICATION</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, asthma, 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>CHRONIC MYOCARDITIS</b>			
<b>ANTECEDENT CAUSES</b>			
DUE TO (b) <b>ARTERIO SCLEROSIS</b>			
DUE TO (c) <b>SENILITY</b>			
<b>II. OTHER SIGNIFICANT CONDITIONS</b>			
<b>Conditions contributing to the death but not related to the disease or condition causing death.</b> <b>NONE</b>			<b>4221</b>
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b>
<b>NONE</b>			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT</b> (Specify) <b>SUICIDE</b> <b>HOMICIDE</b> <b>NONE</b>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP)</b>	<b>(COUNTY)</b> <b>(STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____ m.	<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>	
<b>22. I hereby certify that I attended the deceased from <u>Nov. 15, 1955</u> to <u>Nov. 19, 1955</u>, that I last saw the deceased alive on <u>Nov. 19, 1955</u>, and that death occurred at <u>9:25 A. m.</u>, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE:</b> <b>B.R. Loring, M.D.</b> (Degree or title)		<b>23b. ADDRESS:</b> <b>13ALLWIN, MO.</b>	<b>23c. DATE SIGNED:</b> <b>11-19-55</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal,</b>	<b>24b. DATE:</b> <b>11/22/55</b>	<b>24c. NAME OF CEMETERY OR CREMATORY:</b> <b>SS. Peter &amp; Paul Cemetery,</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis, Missouri.</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>11-21-55</b>	<b>REGISTRAR'S SIGNATURE:</b> <b>Herbert A. Dombard,</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.</b>	

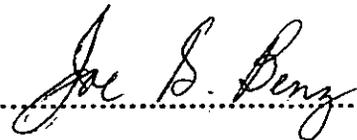
WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was examined  
by me, or by .....<sup>me</sup>....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....



Licensed Embalmer No.....<sup>42</sup>

2842 Meramec

P. O. Address..St.,-Louis,

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.**