

XC-172 186

THE DIVISION OF HEALTH OF MISSOURI

2700

Reg. #13102

STANDARD CERTIFICATE OF DEATH

State File No.

SL #8322

FILED JAN 26 1956

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 522

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 522	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town(ship) OR TOWN <u>915 N. Grand, St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) <u>28 days</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP.</u>				e. STREET ADDRESS (If rural, give location) <u>24 2106 Stansberry</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWIN</u>		b. (Middle) <u>C.</u>		c. (Last) <u>FEHR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 16, 1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>11/21/00</u>	
9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ANHEUSER-BUSCH</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Fehr</u>		13b. MOTHER'S MAIDEN NAME <u>Augusta Schrieber</u>		14. NAME OF HUSBAND OR WIFE <u>Charlotte Fehr</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>Peace Time Service 486-19-4752</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VA Hosp. Records, St. Louis, Mo.</u> ADDRESS			
18. CAUSE OF DEATH <u>4/8/19 to 9/1/20</u> Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UREMIA</u>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>RENAL FAILURE</u> DUE TO (c) <u>CHRONIC GLOMERULONEPHRITIS</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arteriosclerosis Laennec's Cirrhosis</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>VA</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12/19</u> , 19 <u>55</u> , to <u>1/16</u> , 19 <u>56</u> , and that death occurred on the date stated above. and that death occurred at <u>12:50A m.</u> , from the causes and on the date stated above.							
23. SIGNATURE <u>F. Westphalinger M.D.</u>				23b. ADDRESS <u>VAH, St. Louis, Mo.</u>		23c. DATE SIGNED <u>1/16/56</u>	
24a. FUNERAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>JAN. 19, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEW ST. MARCUS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>7901 Gravois</u>	
DATE REC'D BY LOCAL REG. <u>JAN 16 1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister U. & L. Co.</u> ADDRESS <u>7814 So. Broadway St. Louis 11 Mo.</u>			

(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Harry J. Schaefer*.....

Licensed Embalmer No. *2679*.....

P. O. Address *7814 Broadway*.....

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.