No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35482

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8577

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SAINT LOUIS
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CITY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: ST. CLAIR
c. CITY OR TOWN: EAST ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 204 NORTH 67TH STREET

3. NAME OF DECEASED (Type or Print)
a. (First): HARRY
b. (Middle): LEE
c. (Last): FEHL

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 16, 1956

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SEPARATED
8. DATE OF BIRTH: JUNE 20, 1924
9. AGE (In years last birthday): 32 — IF UNDER 1 YEAR: Months 2, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SKILLED LABORER
10b. KIND OF BUSINESS OR INDUSTRY: GENERAL BOX CO.
11. BIRTHPLACE (City and State or Foreign Country): EAST ST. LOUIS, ILL.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JAMES FEHL
13b. MOTHER'S MAIDEN NAME: IDA REINHARDT
14. NAME OF HUSBAND OR WIFE: BONNIE (TUCKER) FEHL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 344-14-4822
17. INFORMANT'S SIGNATURE OR NAME: GEORGEE FEHL — ADDRESS: E. ST. LOUIS, ILL

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shot gun wound of the Right Lung and Aorta; suffered when shot with shotgun in hands of Morgan Tucker, on front of about 2308 Sixth 3rd Str., on September 16th 1956. E981X

ANTECEDENT CAUSES — DUE TO (b)

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Justifiable Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 16 56 ? m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

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 2151 m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph M Queen Deputy Coroner
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 9/17/56

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 9-18-56
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): EAST ST. LOUIS, ILL.

DATE REC'D BY LOCAL REG.: SEP 17 1956
REGISTRAR'S SIGNATURE: J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: John J Kasaly — ADDRESS: E. ST. LOUIS, ILL.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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