

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33484**

FILED OCT 4 1957

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8881**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Brothers Hospital		d. STREET ADDRESS (If rural, give location) 237802 Russell	
3. NAME OF DECEASED (Type or Print) a. (First) LOUIS		c. (Last) FEY	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Yes		8. DATE OF BIRTH 9/3/1896	
9. AGE (In years last birthday) 61		10. AGE (In years last birthday) Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Retired	
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Fey		13b. MOTHER'S MAIDEN NAME Lana Lude	
14. NAME OF HUSBAND OR WIFE Mary Fey		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) Yes	
16. SOCIAL SECURITY NO. W.W.#1		17. INFORMANT'S SIGNATURE OR NAME Mary Fey, 802 Russell	
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) 1. Cirrhosis of the liver, alcoholic 2. arteriosclerotic cardio-vascular disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 581.1 DUE TO (c) arteriosclerotic cardio-vascular disease	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 Sept. 3, 1957 , to Sept. 20, 1957 , that I last saw the deceased alive on Sept. 19, 1957 , and that death occurred at 7:30 A.M. , from the causes and on the date stated above.	
23a. SIGNATURE <i>Ugarte...</i>		23b. ADDRESS 1901 Madison St. Louis Mo	
23c. DATE SIGNED Sept 20 57		24. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 9/23/1957		24c. NAME OF CEMETERY OR CREMATORY National Cemetery	
24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE 2301 Lafayette	
DATE REC'D BY LOCAL REG. SEP 23 57		REGISTRAR'S SIGNATURE J. Paul Smith m.d.	
25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Funeral Home, Inc.		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Funeral Home, Inc.	

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
Student Embalmer

Signed *A. J. Janis*

Licensed Embalmer No. *3384*

P. O. Address *A. Janis*

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.