

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45795
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12569**

V. S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CITY-HOSPITAL		Length of stay in lb 10 DAYS	
CH. STREET ADDRESS 6649-HOFFMAN		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle J Last FAHNDRICH		4. DATE OF DEATH Month 12 Day 27 Year 57	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH MAY-19-1901
9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY LACLEDE GAS CO	
11. BIRTHPLACE (City and state or country) ST. LOUIS MO		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME WILHELM-FAHNDRICH		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE AGNES-FAHNDRICH			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT HAROLD-FAHNDRICH-6509 BRADLEY		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral Neurothorax; Fracture of the Pelvis; Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Fracture of the Pelvis; DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Suffered when struck by Missouri Street trolley at Walsh Street and tracks about 4:45 a.m. December 15th 1957.			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of this form) Missouri Street trolley	
20c. TIME OF INJURY Hour 4:45 a.m. Month, Day, Year 12 15 57		20d. PLACE OF INJURY (Give to or about home, farm, factory, street, office bldg., etc.) St. Louis P.R. Tracks	
20e. CITY, TOWN, OR LOCATION St. Louis Mo.		20f. COUNTY Mo.	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 12:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Patrick J. Taylor Corwin		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 12-27-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 12-30-57	23c. NAME OF CEMETERY OR CREMATORY OAK HILL CEM.	23d. LOCATION (City, town, or county) (State) ST. LOUIS CO MO.
24. FUNERAL DIRECTOR JAY B. SMITH-Maplewood-17 Mo.		25. DATE RECD. BY LOCAL REG. DEC 30 57	
26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. M.S.B.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *J.P. Burgess*

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

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.