

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030375

STATE FILE NUMBER 8213

1003

318

FILED SEP 8 1958 Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Chester Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hosp.		Length of stay in lb 10 days	d. STREET ADDRESS (If outside, give location) 32 Opdyke Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last OSCAR C. FEY			4. DATE OF DEATH Month Day Year Aug. 21, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 7-1916
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clothing Salesman-Walters Clothing		9b. KIND OF BUSINESS OR INDUSTRY Chester, Illinois	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 42 Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clothing Salesman-Walters Clothing		10b. KIND OF BUSINESS OR INDUSTRY Chester, Illinois	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Oscar C. Fey, Sr.		13b. MOTHER'S MAIDEN NAME (Unknown) Walter	14. NAME OF HUSBAND OR WIFE Frances Fey
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. 344-01-0399	17. INFORMANT Address Frances Fey - Chester, Illinois
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Branchogenic Cancer Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Metastasis to Cerebellum DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition, given in PART I (a) 162.1			INTERVAL BETWEEN ONSET AND DEATH 3 mo. 1 mo.
20a. ACCIDENT <input 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 item 18.) 2	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 8-14-58 to 8-21-58 and last saw her/him alive on _____ Death occurred at 11:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Robert A. Mackey, M.D.		22b. ADDRESS 6944 Chippewa	22c. DATE SIGNED 22 Aug 58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-24-58	23c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery	23d. LOCATION (City, town, or county) (State) Randolph County, Illinois
24. FUNERAL DIRECTOR ADDRESS John J. Mackey - E. St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. AUG 23 1958	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. HSC

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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. *Not Embalmed*

Student
Signature of Student Embalmer

Signed *Joseph J. Kelly*

Licensed Embalmer No. *7541*

P. O. Address *E. H. Quinn, Jr.*

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.