

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007089

STATE FILE NUMBER

2 1059

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED FEB 24 1959

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| 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, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4386 Maryland Ave. | | Length of stay in lb yrs | d. STREET ADDRESS (If outside, give location) 4386 Maryland Av. |
| | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Middle Last ARTHUR J. FENWICK | | | 4. DATE OF DEATH Month Day Year Jan. 27, 1959 | | |
| 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 Dec. 25, 1876 | 9. AGE (In years last birthday) 82 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mfrs' agent (ret'd) | | 10b. KIND OF BUSINESS OR INDUSTRY furniture | 11. BIRTHPLACE (City and state or country) Sedalia, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Joshua Fenwick | | 13b. MOTHER'S MAIDEN NAME Sarah Pett | | 14. NAME OF HUSBAND OR WIFE Marie F. Fenwick | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Marie F. Fenwick, 4386 Maryland Ave. | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebral hemorrhage | | INTERVAL BETWEEN ONSET AND DEATH 7 days |
| DUE TO (b) hypertensive cardiovascular disease | | |
| DUE TO (c) generalized arteriosclerosis | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443 | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) |
| 20c. TIME OF INJURY Hour a.m. p.m. | |

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| 20d. INJURY OCCURRED WHILE AT WORK <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 Death occurred on 3-11-59 at 11:15 a.m. to 1-27-59 and last saw him alive on 1-9-59 at 9:15 a.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | |

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| 22a. SIGNATURE Raymond Stansbrough (Degree or title) M.D. | 22b. ADDRESS 3121 No. Grand St. Louis, Missouri | 22c. DATE SIGNED 1-29-59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE Jan. 30, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery |
| 23d. LOCATION (City, town, or county) St. Louis, Missouri | | (State) |

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| 24. FUNERAL DIRECTOR M. J. Croghan, 7146 Manchester Ave. St. Louis 17, Mo. | 25. DATE RECD. BY LOCAL REG. JAN 29 1959 | 26. REGISTRAR'S SIGNATURE Earl Smith, M.D. |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
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 *Stanley F. Dixon*

Licensed Embalmer No. *4193*

P. O. Address *St. Louis*

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.