

**FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE**

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59-037578

FILED VS NOV 3 1959

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2-9787**

BY AFFIDAVIT OF CLEARED THRU CORONERS OFFICES BY DR. FARROKH

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND ST LOUIS MO				Length of stay in 1b 6 HRS 15MIN		c. CITY OR TOWN WESTPHALIA	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ROBERT Middle J. Last FENNEWALD				4. DATE OF DEATH Month OCTOBER Day 23 Year 1959			
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/1/19	
9. AGE (last birthday) 40		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTERS HELPER	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) WESTPHALIA, MISSOURI		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME ANDREW B FENNEWALD				13b. MOTHER'S MAIDEN NAME REGINE HENKE		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give year or dates of service) YES WW II				16. SOCIAL SECURITY NO. -----		17. INFORMANT Address VA HOSP RECORDS 915 N GRAND ST LOUIS MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) RIGHT PULMONARY EMBOLISM							
DUE TO (b) AORTIC STENOSIS							
DUE TO (c) RHEUMATIC HEART DISEASE 4/1 X							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CEREBIAL EMBOLISM WITH RIGHT HEMIPLEGIA DUE TO RHEUMATIC HEART DISEASE							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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 _____ Month, Day, Year _____ a.m. _____ p.m. _____				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. VA attended the deceased from 10/22/59 to 10/23/59 and last saw him alive on 10/23/59 Death occurred at 12:50 AM m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE A. Farrokhi, M.D.				22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 10/23/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-24-1959		23c. NAME OF CEMETERY OR CREMATORY St. Joseph Cem.		23d. LOCATION (City, town, or county) (State) Westphalia, Mo.	
24. FUNERAL DIRECTOR Dulle, Jefferson City, Mo.				25. DATE RECD. BY LOCAL REG. OCT 26 1959		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

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 Norma M. Bell

Licensed Embalmer No. 4375

P.O. Address St. Louis, 23, Mo.

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.