JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-025387

FILED VS JUN 2 0 1960

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1833

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Ferdinand Twp
Length of stay in 1b: 6 mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1327 McQuay Dr
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN St. Ferdinand Twp
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 1327 McQuay Dr
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: MARGARET Middle: H Last: FENNEWALD

4. DATE OF DEATH Month June Day 12th Year 1960

5. SEX: female
6. COLOR OR RACE: white
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12/6/83
9. AGE (last birthday): 76
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): housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (City and state or country): Richwood, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Peter Barron
13b. MOTHER'S MAIDEN NAME: Louise Burbon
14. NAME OF HUSBAND OR WIFE: Anthony B. Fenn ewald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Anthont B. Fennewald, Address 1327 McQuay Dr

MEDICAL CERTIFICATION

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)	Respiratory cessation	?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cardiac failure	4-2-60
DUE TO (c)	Cardiac insufficiency	?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year –
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 4-2-60, to 5-20-60 and last saw her/him alive on 5-20-60.
Death occurred at 12 June 9 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) MD
22b. ADDRESS 8387 Jennings Sta.
22c. DATE SIGNED 13 June 60

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 6/15/60
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Mo.

24. FUNERAL DIRECTOR: DIEDRICH FUNERAL HOME, ADDRESS 8319 Hallsferry
25. DATE RECD. BY LOCAL REG.: 6-14-60
26. REGISTRAR'S SIGNATURE: [signature] M.D.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Robert M. Murra

Signature of Student Embalmer

Licensed Embalmer No. 3749

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cor
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.