URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 22 1960

60-029137
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 205

NDED

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Crestwood — Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Royal Motel — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — COUNTY:
c. CITY OR TOWN: Frankford — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): Rural Route # 1 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First CLARENCE Middle GALE Last FESLER
4. DATE OF DEATH: Month July Day 7, Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Mar. 15, 1888
9. AGE (last birthday): 72 — IF UNDER 1 YEAR: Months 3 Days 22 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret.
10b. KIND OF BUSINESS OR INDUSTRY: Terminal Railroad
11. BIRTHPLACE (City and state or country): Michigan Iona Co. Mich.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Charles Fesler
13b. MOTHER'S MAIDEN NAME:
14. NAME OF HUSBAND OR WIFE: Hazel Tanner Fesler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.:
17. INFORMANT: Address: Hazel Fesler, Frankfort, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Toxic myocarditis due to uremea
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): due to acute hemorrhagic pyelone-
DUE TO (c): phritis
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Laennec's cirrhosis
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 ☐ Natural Causes
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Natural disease process
20c. TIME OF INJURY Hour 2:25 a.m. p.m. Month, Day, Year 7/7/60 subject found
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.): Found dead in motel
20f. CITY, TOWN, OR LOCATION: Crestwood COUNTY: St. Louis STATE: Missouri
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Raymond Harris (Degree or title): Coroner
22b. ADDRESS: Clayton, Mo.
22c. DATE SIGNED: 7/18/60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 11, 1960
23c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri
24. FUNERAL DIRECTOR: Ambruster Mortuary, 6633 Clayton Rd.
25. DATE RECD. BY LOCAL REG.: 7-9-60
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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 _____
Signature of Student Embalmer

Licensed Embalmer No. 4788

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
with the above consfitutes 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.