

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-011923

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 745

FILED MAR 27 1961

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|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lemay (25) | Length of stay in lb YRS | c. CITY OR TOWN Lemay (25) | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 927 Ave. H. | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 927 Ave. H | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|-------------------------------|--|---|----------------------------------|---|--|
| 3. NAME OF DECEASED (Type or print) First Lena Middle Fanger Last Fanger | | | 4. DATE OF DEATH Month March Day 16 Year 1961 | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 4/25/78 | 9. AGE (last birthday) 82 | IF UNDER 1 YEAR Months 2 Days 1 Hours 0 Min. 0 | IF UNDER 24 HR Months 0 Days 0 Hours 0 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work | | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (City and state or country) Switzerland | | 12. CITIZEN OF WHAT COUNTRY USA | |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME Fanger | | 13b. MOTHER'S MAIDEN NAME Elizabeth Leu | | 14. NAME OF HUSBAND OR WIFE Louis (Deceased) | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT Address Mo. Caroline Leabo 927 Ave. H Lemay (25) | |

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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: | | | INTERVAL BETWEEN ONSET AND DEATH 2 days |
| IMMEDIATE CAUSE (a) Cerebral thrombosis | | | |
| DUE TO (b) Renovascular arteriosclerosis | | | |
| DUE TO (c) _____ | | | Unknown |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m. Month, Day, Year _____ | 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 May 2, 1951 to Mar. 16, 1961 and last saw her live on 3-14-61
Death occurred at 7:00P m on the date stated above, and to the best of my knowledge, from the causes stated.

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|--|--------------------------|--|--|---------------------------------|
| 22a. SIGNATURE (Degree or title) Melvin R. W. Lucki MD | | 22b. ADDRESS 8916 Draven | | 22c. DATE SIGNED 3-17-61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 3/20/61 | 23c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery | 23d. LOCATION (City, town, or county) (State) Lemay 25, Mo. | |
| 24. FUNERAL DIRECTOR ADDRESS Fendler Und. Co. 7420 Michigan Ave. (11) | | 25. DATE RECD. BY LOCAL REG. 3-19-61 | 26. REGISTRAR'S SIGNATURE John B. Murphy MD | |

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Melvin R. Wilinski
8916 Aramis
FL 3-7161

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Mich

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.