

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030487

STATE FILE NUMBER

AMENDED

Registration District 31600 Primary Registration District No. _____ Registrar's No. 313

FILED AUG 17 1961

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS				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 IRON TWP.		Length of stay in 1b		c. CITY OR TOWN ST LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NEW IRON MTN. LAKE			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 416 WILIMINGTON		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Alvin Middle FEY Last FEY				4. DATE OF DEATH Month Aug Day 6 Year 1961					
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 Feb 3 - 1939		9. AGE (last birthday) Months 6 Days 3 Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BAKER			10b. KIND OF BUSINESS OR INDUSTRY BAKING		11. BIRTHPLACE (City and state or country) ST LOUIS MO		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME PAUL FEY SR			13b. MOTHER'S MAIDEN NAME ELLA KUHLMANN			14. NAME OF HUSBAND OR WIFE NIL			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				INFORMANT MRS ELLA FEY		Address 416 WILIMINGTON AV. ST LOUIS MO			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACCIDENTAL DROWNING							INTERVAL BETWEEN ONSET AND DEATH D.O.A.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last, DUE TO (b) _____ DUE TO (c) _____									
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 type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) BOAT TIPPED OVER					
20c. TIME OF INJURY Hour 9:18 a.m. _____ Month, Day, Year Aug 6, 1961		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) IRON MTN. LAKE		20f. CITY, TOWN, OR LOCATION BISMARCK		COUNTY ST. FRANCOIS STATE MO.	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at ABOUT 5:08 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Ted Boyer				22b. ADDRESS CORNER BONNE TERRE, MO.			22c. DATE SIGNED 8-6-61		
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE AUG-9-1961		23c. NAME OF CEMETERY OR CREMATORY NEW ST MARCUS		23d. LOCATION (City, town, or county) (State) ST LOUIS, CO. MO			
24. FUNERAL DIRECTOR FEY FUNERAL HOME, MEHLVILLE MO				ADDRESS Aug 8, 1961		25. DATE RECD. BY LOCAL REG. Cather Rudloff			
						26. REGISTRAR'S SIGNATURE			

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 18 1961

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 Gustav W. Dietz

Licensed Embalmer No. 4329

P. O. Address St Louis, 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.