

STANDARD CERTIFICATE OF DEATH

AMENDED 51-042380
 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10329

FILED NOV 28 1961

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		Length of stay in 1b <u>LIFE</u>	c. CITY OR TOWN <u>ST. LOUIS</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CITY-HOSPITAL #1.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>1851A. NO. MARKET - ST.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>JOSEPH</u> Middle <u>B.</u> Last <u>FAHRENHORST</u>			4. DATE OF DEATH Month <u>NOV.</u> Day <u>5TH</u> Year <u>1961.</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-12-1902</u>	9. AGE (last birthday) <u>59 YRS.</u>	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) <u>FLORAL-DISPLAYS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FORMERLY: LUYTIES WIELANDY - CO.</u>		11. BIRTHPLACE (City and state or country) <u>ST. LOUIS - MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME <u>BERNARD-FAHRENHORST</u>		13b. MOTHER'S MAIDEN NAME <u>GERTRUDE - GETTY</u>		14. NAME OF HUSBAND OR WIFE <u>PAULINE-FAHRENHORST</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give name of service) <u>NO</u>			17. INFORMANT <u>PAULINE-FAHRENHORST</u> Address <u>1851A. NO. MARKET ST.</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Subdural Hemorrhage. Pulmonary edema;
suffered when car operated by one John Kury, in which
deceased was a passenger, and car operated
by one Anthony Manno, collided at intersection of
Palmer and St. Louis Ave., about 1:23 AM on Nov. 5, 1961
 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) ACCIDENT
 PART III: If deceased was female was there a pregnancy in last 90 days.
 Yes No 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.) <u>See above</u>
20c. TIME OF INJURY Hour <u>1:23</u> a.m. / p.m. <u>11-5-61</u>	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.) <u>20th Street</u>
20f. CITY, TOWN, OR LOCATION <u>St Louis, Mo</u>		COUNTY _____ STATE _____
21. I attended the deceased from _____ to _____ her and last saw him alive on _____ Death occurred at <u>4th A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <u>Paul J. Simon</u> (Degree or title) <u>Deputy Coronor</u>		22b. ADDRESS <u>1300 Clark</u>	22c. DATE SIGNED <u>11/7/61</u>
23a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>NOV. 8TH 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CALVARY-CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>
24. FUNERAL DIRECTOR <u>Brockland Und. Co.</u> ADDRESS <u>1827-HOGAN-ST.</u>	25. DATE RECD. BY LOCAL REG. <u>NOV 7 1961</u>	26. REGISTRAR'S SIGNATURE <u>Paul Smith MO</u>	

DATE AMENDED

INSTEAD OF DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF MEDICAL CERTIFICATION

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 Elton R. Penelua

Licensed Embalmer No. 4283

P. O. Address St. Louis,

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.