

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-044199

FILED DEC 7 1962

1003

Primary Registration District No. _____

Registrar's No. _____

11452

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

ST-22098 XC-13 164 565

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b 12 DAYS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 N. GRAND AVE.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 657 1/2 E. BROADWAY		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last EDWARD W. FESSLER			4. DATE OF DEATH Month Day Year 11/26/62
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/4/88
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 74
11a. BIRTHPLACE (City and state or country) ELSAH, ILLINOIS		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME MAX FESSLER		13b. MOTHER'S MAIDEN NAME MENIA LOBSCHER	
14. NAME OF HUSBAND OR WIFE HALLIE S. FESSLER		17. INFORMANT HALLIE S. FESSLER (WIFE) SEE #2	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a)		ACUTE VENTRICULAR ARRHYTHMIA	
DUE TO (b)		MARKED CORONARY SCLEROSIS	
DUE TO (c)		4201	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition, given in PART I (a) CHRONIC PULMONARY EMPHYSEMA			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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. HOMICIDE <input type="checkbox"/>
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
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.) VA.	20f. CITY, TOWN, OR LOCATION VA.	COUNTY STATE
21. I attended the deceased from 11/14/62 to 11/26/62 and last saw him alive on 11/26/62 Death occurred at 2:06 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Albert P. Kovac, M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.	
22c. DATE SIGNED 11/26/62		22d. SIGNATURE Albert P. Kovac, M.D.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/20/62	23c. NAME OF CEMETERY OR CREMATORY Wood Cemetery	23d. LOCATION (City, town, or county) (State) Woodburn, Illinois
24. FUNERAL DIRECTOR Verna Stated Woodson Cotton		25. DATE RECD. BY LOCAL REG. NOV 28 1962	26. REGISTRAR'S SIGNATURE Roald Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

8220-78

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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 Not Embalmed. Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Verna Staten Woodson

Licensed Embalmer No. 9296

P. O. Address Atton, Illinois

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.