APR 26 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

13382

File No. 30

Registered No.

Registration District No. 461

Primary Registration District No. 3024

1. PLACE OF DEATH
County: Lafayette
Township:
City: Lexington (No. ..... St. ..... Ward)

2. FULL NAME: Ernest Jacob Fegert

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF ~~OR WIFE OF~~ Laura Stalling

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 6, 1879

7. AGE: Years 55 | Months 7 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Funeral Director
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lexington Mo

FATHER
13. NAME: Jacob Fegert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Bertha Winkler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lexington Mo

17. INFORMANT: Mrs Ernest Fegert
(ADDRESS) Lexington Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lexington Mo DATE April 11, 1935

19. UNDERTAKER: Winkler Furniture Co
(ADDRESS) Lexington Mo

20. FILED April 10, 1935 Fayr Brill Bates
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1934, to April 9, 1935. I last saw him alive on April 9, 1935. Death is said to have occurred on the date stated above, at 9:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis and Pericarditis	

Other contributory causes of importance:

Coronary Occlusion

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible], M. D.
(Address) Lexington Mo.