

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

32787
 Do not use this space.

1. PLACE OF DEATH **OCT 14 1937**
 (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1903** Registered No. **8841**
 (c) City **ST. LOUIS** (d) Street No. **3707 S. Broadway** St. **St.**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **7** mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **John H. Fernow**
 (a) Residence, No. **3707 S. Broadway** St. **24** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 **Emma Fernow**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 21 1866**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,	hrs.	or	min.
67	71	8	0				

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired**

9. Industry or business in which work was done, as saw mill, bank, etc. **Guard City Work**

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation **now**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Bellefleur Ill.**

FATHER

13. NAME **Charles Fernow**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Baltimore Md. Unknown Ill.**

MOTHER

15. MAIDEN NAME **Fredricka Scholl**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Bellefleur Ill.**

17. INFORMANT **Emma Fernow**
 (ADDRESS) **3707 S. Broadway**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **St. Peters Cem** DATE **7-24-37**

19. FUNERAL DIRECTOR **Witt Brond & Co.**
 (ADDRESS) **729 S. Jefferson Ave**

20. FILED **SEP 22 1937** 19 **J. P. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 7. 21. 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 10th 1937** to **Sept. 31 - 1937**
 I last saw him alive on **Sept. 31 - 30, 1937**. Death is said to have occurred on the date stated above, at **5:30** a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Thrombosis of the heart
 Date of onset **9/2/37**

Other contributory causes of importance: **PH**

Name of operation Date of
 What test confirmed diagnosis? **Autopsy** Was there an autopsy? **Yes**

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? **Yes**
 If so, specify **Long standing**
 (Signed) **J. P. Bredeck**, M. D.
 (Address) **3707 S. Broadway**

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.

2222-000

STATEMENT BY LICENSED EMBALMER

I, Paul A. Shanklin, Licensed Embalmer No. 3472

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Paul A. Shanklin

L. E.

No. 3472 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

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.)