

REC'D MAY 10 1938

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

13131
Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis, Mo. (d) Street No. 2524 So. 12th Street 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 791
Primary Registration District No. 1003

Registered No. 3735

2. PRINT FULL NAME

George W. Fesler 246

(a) Residence, No. 2524 S. 12th Street St. 23
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Mary Fesler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 8, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 3 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cooper

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

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

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

13. NAME William Fesler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Julia Koeing

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT (ADDRESS) Mary Fesler 2524 S. 12th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia Cem. DATE Apr. 22, 1938

19. FUNERAL DIRECTOR (ADDRESS) Weick Bros. 2201 S. Grand

20. APR 22 1938 19..... J. D. Budiek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-19 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-10 1937 to 4-19 1938

I last saw him alive on 4-19 1938 Death is said to have occurred on the date stated above, at 5:50 p.m.

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

Stroke Epilepsy
Grand white
Grand mal seizure
Diabetes

Other contributory causes of importance: Chronic nephritis and hypertension

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? No

If so, specify.....

(Signed) C. B. ... M. D.

(Address) 3844 ...

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.

STATEMENT BY LICENSED EMBALMER

I, Chas W Cooper....., Licensed Embalmer No. 3830

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

.....L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Chas W Cooper

Licensed Embalmer No. 3830

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.)