

OCT 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

31128

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1008**
 (c) City **St. Louis, Mo.** (d) Street No. **City Infirmary** 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 **26** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **8565**

2. PRINT FULL NAME

Sam Fennerson
 (a) Residence, No. **5800 Arsenal** St. **B3**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 27, 1938**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Carrie Fennerson**

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 1, 1937** to **Sept. 27, 1938**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **? ? 1892**

I last saw him alive on **Sept. 27, 1938** Death is said to have occurred on the date stated above, at **3:15 A.M.**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **46**

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **None**
 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

Arteriosclerotic aortitis with rupture of aorta non specific Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Goldsboro, N.C.**

Other contributory causes of importance: *generalized arteriosclerosis*

FATHER 13. NAME **Lawrence Fennerson**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown N.C.**

Name of operation..... Date of.....

MOTHER 15. MAIDEN NAME **Alice Adkins**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown N.C.**

What test confirmed diagnosis?..... Was there an autopsy? **yes**

17. INFORMANT (ADDRESS) **J.G. Sullivan 5800 Arsenal St.**

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.

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **Sept. 2, 1938**

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

19. FUNERAL DIRECTOR (ADDRESS) **Russell Undt, Co. 2732 Pine Street**

24. Was disease or injury in any way related to occupation of deceased? **no**

20. FILED **SEP 30 1938** *J. Bredeck* Local Registrar.

(Signed) **C.D. Quick**, M. D. (Address) **5800 Arsenal**

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, Joel Russell, Licensed Embalmer No. 2115

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

L. E.

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

working under my personal supervision.

Signed

Joel Russell

Licensed Embalmer No. 2115

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)