

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

16901
Do not use this space.

RECD JUN 12 1939

1. PLACE OF DEATH 2

(a) County..... Registration District No. 791

(b) Township..... Primary Registration District No. 1000

(c) City St. Louis (d) Street No. 4966 Genevieve Ave. Registered No. 4435

(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.

2. PRINT FULL NAME Odella G. Fahrenkamp

(a) Residence, No. 4966 Genevieve Ave. St. 7 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF August Fahrenkamp				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 2nd, 1867				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	71	5	10	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife			
	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	
12. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Missouri <input type="radio"/>				
FATHER	13. NAME John Henniges <input type="radio"/>			
	14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Missouri <input type="radio"/>			
MOTHER	15. MAIDEN NAME Catherine Schroeder			
	16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Missouri			
17. INFORMANT Frank Fahrenkamp (ADDRESS) 5639 Goodfellow Blvd.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE May 15th, 1939				
19. FUNERAL DIRECTOR (NAME) Drehrman Horal (ADDRESS) 1905 Union Blvd.				
20. FILED MAY 13 1939 J. J. Bredeck Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	May 12, 1939
22. I HEREBY CERTIFY, That I attended deceased from April 15, 1939 to May 12, 1939	
I last saw her alive on May 12, 1939 Death is said to have occurred on the date stated above, at 830 1/2	
The principal cause of death and related causes of importance were as follows: Cerebral apoplexy Date of onset 5/10/39	
Other contributory causes of importance: General hypertension Diet frugal	
Name of operation	none Date of
What test confirmed diagnosis?	Clinical Was there an autopsy? no
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) Roland R. Menouni, M.D. (Address) 5330 Geraldine	

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

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.

X-16023

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address.....

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 this body is not embalmed, above space should be left blank.