

Registration District No. 791
1008

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County 1
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Days
(Specify whether
In this community _____
years, months or days)

8. (a) PRINT FULL NAME Mabel Fenner 560

8. (b) If veteran, name war none 8. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Robert Fenner 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased (unknown) 1879
(Month) (Day) (Year)

8. AGE: Years 60. Months - Days - If less than one day _____ hr. _____ min.

9. Birthplace: Arkadelphia, Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER
12. Name unknown 9
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank Matthews
(b) Address 6521 Staska Ave.
17. (a) Burial (b) Date thereof 9/6/39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon Cem

18. (a) Signature of funeral director C. R. Lester & Sons

(b) Address #7233 Bequaer Blvd

19. (a) SEP 5 1939 (b) J. B. Beck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
(c) City or town St. Louis 13
(If outside city or town limits, write "RURAL")
(d) Street No. 6521 Staska
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 4,
year 1939 hour 2:55 minute P. M.

21. I hereby certify that I attended the deceased from August
6, 1939 to September 4, 1939
that I last saw her alive on September 4, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work? (a) Means of injury _____
23. Signature Geo M. Pike (M. D. or other) _____
Address 1515 Lafayette, 9/5/39
Date signed

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Doa Maachany....., Registered Apprentice No. *219*
working under my personal supervision.

Signed *Bradford A Miles*.....

Licensed Embalmer No. *2401*

P. O. Address *St Louis Mo*

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.