

NOV 13 1939
Registration District No. **791**

Primary Registration District No. _____

1. PLACE OF DEATH: **3**
(a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: En Route City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County 1
(c) City or town St. Louis Mo **[25]**
(If outside city or town limits, write "RURAL")
(d) Street No. 1023 N. 7th St
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Joseph Fenton 595
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 3rd
year 1939 hour 8:15 minute 7 M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife If _____ years
7. Birth date of deceased March
(Month) (Day) (Year)

Immediate cause of death _____
Edema of Brain; (Tumor)
Meningitis; Chronic Myocarditis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

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

9. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation Writer

11. Industry or business _____

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 J. M. White
(b) Address 1132 N. 10th Street

17. (a) Burial (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Benedict Michay
(b) Address 1431 Union Blvd

19. (a) OCT 4 1939 (b) _____
(Date received final report) (City and State)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

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? _____

While at work? _____ (Specify type of place)
(a) Means of injury _____
23. Signature Alfred Perry (M. D. or other) 11
Address Deputy Embaler Date signed 10-4-39

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.....

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

Signed.....

no Embalmer
.....
Licensed Embalmer No.....

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.