No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4848

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. ~~1678~~

FILED MAR 12 1940

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
918a Talmage Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 918a Talmage Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lewis Fearney

3. (b) If veteran, name war

3. (c) Social Security No. 702-18-3229

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha Fearney

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Dec. (Month) 25 (Day) 1888 (Year)

8. AGE: Years 51 | Months 1 | Days 24 | If less than one day hr. min.

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

10. Usual occupation Hammer Operator

11. Industry or business Missouri Pacific R.R.

FATHER
12. Name John Fearney
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Nancy Henderson
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Martha Fearney
(b) Address 918a Talmage Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-40 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway

19. (a) FEB 19 1940 (Date received by local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18th year 1940 hour 8:10 minute A.M. 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.

	Duration
Immediate cause of death: Interstitial Nephritis; Edema of Brain; Aortitis;	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

131

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? (Specify type of place)
While at work (e) Means of injury

23. Signature [signature] (M. D. or other)
Address Deputy Coroner Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Reinhold R. Lohrmann

Licensed Embalmer No. 3395

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.