

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

FILED MAR 12 1940

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Anthony Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 days**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4949 Hege Road**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME **54 1/2 Bernard J. Fuemmeler**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **Widowed**

6. (b) Name of husband or wife **Mary Fuemmeler** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **May 9, 1875**  
(Month) (Day) (Year)

8. AGE: Years **64** Months **9** Days **11** If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation **TANITOR**

11. Industry or business **ST GEORGES CHURCH**

MOTHER FATHER { 12. Name **UNKNOWN FUEMMELER**

13. Birthplace **GERMANY**  
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**  
15. Birthplace **GERMANY**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Paulette Fuemmeler**

(b) Address **4949 Hege Road**

17. (a) **Burial** (b) Date thereof **Feb. 22, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old S. S. Peter & Paul**

18. (a) Signature of funeral director **Wm. S. Roberts**

(b) Address **1905 So. Grand Blvd.**

19. (a) **FEB 21 1940** (b) **J. J. [Signature]**  
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **20**, year **1940** hour **8** minute **A.** M.

21. I hereby certify that I attended the deceased from **Feb 10** to **Feb 20**, 19**40**  
that I last saw him alive on **Feb 20**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic**  
**Fungus endocarditis** Duration \_\_\_\_\_

Due to **Chronic interstitial nephritis**  
Due to **Septic thrombotic proctitis**

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: **Embolic Proctitis** PHYSICIAN \_\_\_\_\_  
Of operations **None malignant**  
Of autopsy **no**  
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? **em.**

While at work? **no** (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Maxim [Signature]** (M. D. or other) \_\_\_\_\_  
Address **506 Olive St** Date signed **2/22/40**

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**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.....

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.**