

No. 2
-10-39
17-33
X210

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12896

MAY 15 1940

State File No. _____

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **3098**

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:
Lutheran Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 Months**
(Specify whether _____)
In this community **25 yrs.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Lemay, Mo.** **NR**
(If outside city or town limits, write "RURAL")
(d) Street No. **206 West Felton ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **61** years.

3. (a) PRINT FULL NAME **Henry Fehse** **700**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Augusta Fehse** 6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **January 18 1856**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 2 14 hr. min.

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

10. Usual occupation **Unemployed**

11. Industry or business **Laborer**

12. Name **Unknown**

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 **Augusta Fehse**
(b) Address **4359 1/2 ave.**

17. (a) **Burial** (b) Date thereof **April 4, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ST. TRINITY CEM.**

18. (a) Signature of funeral director **C. Hoffmeister & Co.**
(b) Address **7814 S. Broadway**

19. (a) **APR 3 1940** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **2**
year **1940** hour **6** minute **30 a.** M.

21. I hereby certify that I attended the deceased from **March 31st** 19 **40** to **April 2nd** 19 **40**
that I last saw him alive on **April 1st** 19 **40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary**
arteriosclerosis
of the heart
Duration **3 days**

Other conditions (Include pregnancy within 3 months of death) **[Signature]**

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?
844
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **[Signature]** (M. D. or other) _____
Address **4724 S. Roberts** Date signed **4/3/40**

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

4724 S. ...

11-1-1922

11-1-1922

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. ...

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.