

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2002

1. PLACE OF DEATH

(a) County St. Louis

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

(c) Name of hospital or institution:
Robertson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20
(Specify whether years, months or days)

In this community 50 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME George Fenslage

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary Robertson.

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

7. Birth date of deceased March 27 1854
(Month) (Day) (Year)

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

86	6	25	hr. _____ min.
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9. Birthplace Holland
(City, town, or county) (State or foreign country)

10. Usual occupation Labor (Retired)

11. Industry or business Farming.

12. Name George Fenslage

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

14. Maiden name ?

15. Birthplace Holland
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Fenslage

(b) Address Robertson Mo

17. (a) Burial (b) Date thereof Oct. 24/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Jos W. Clark

(b) Address 1125 Hodiament Ave

19. (a) OCT 23 1940 (b) R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Robertson
(If outside city or town limits, write "RURAL")

(d) Street No. Summitt Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 50 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22
year 1940 hour 5 minute 42 AM.

21. I hereby certify that I attended the deceased from July 22nd 1940, to Oct. 22nd 1940; that I last saw him alive on Oct. 21st 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 3 mo.

Due to _____

Due to _____

Other conditions arteriosclerosis 1 yr.
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature H. F. Collins M.D. (M. D. or other) _____
Address Pattonville Mo Date signed Oct. 23 1940

WRITE PLAINLY—USE UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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Dr. H. J. Robinson
Pattersonville, Mo.

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. 3225

P. O. Address 1125 Hodiament Ave

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.