

Registration District No. **791**

Primary Registration District No. **1003**

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

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:
Father Dempsey's Hotel
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

FILED DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis.** **21**
(If outside city or town limits, write "RURAL")
Father Dempsey's Hotel
(d) Street No. **1421 Hogan St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **60** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **19**
year **1940** hour **6:15** minute **A.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.
Immediate cause of death.....

Cerebral Apoplexy;

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **ERNST FAHRENHOLTZ**

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. **Married**
6. (b) Name of husband or wife **Wilma** 6. (c) Age of husband or wife if alive **64** years
7. Birth date of deceased **April 25 1854**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 6 24 hr. min.

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

10. Usual occupation **Clerk**

11. Industry or business **Retired 10 yrs.**

12. Name **Lucas D. Fahrenholtz**

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

14. Maiden name **Katherine Paltzer**

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

16. (a) Informant **Wilma Fahrenholtz**
(b) Address **3901 Hartford St.**

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

(c) Place: burial or cremation **St. Peter's Cem.**

18. (a) Signature of funeral director **J. H. Fickensler & Co.**
(b) Address **2842 Meramec St.**

19. (a) **NOV 20 1940** (b) **J. P. Brudich**
(Date of issue) (Signature)

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) (Specify means of injury)
23. Signature **J. P. Brudich** (M. D. or other)
Address **1421 Hogan St.** Date signed **11/22/40**

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 Me

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

Signed Robert F. Gebken

Licensed Embalmer No. 4144
2842 Meramec St.
P. O. Address St. Louis, Mo.

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, fact should be so stated above.