No. 2
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X23189

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 69

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

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: 5036 Kensington (If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution (Specify whether

In this community 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 1217

(d) Street No. 5036 Kensington (If rural, give location) 9

(e) If foreign born, how long in U. S. A.? 61 0 years.

3. (a) PRINT FULL NAME JOHN MARLAND FENTON

3. (b) If veteran, name war no

3. (c) Social Security No. No

4. Sex male C

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Rosa J. Fenton

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased July (Month) 7 (Day) 1867 (Year)

8. AGE: Years 73 Months 5 Days 26 If less than one day hr. min.

9. Birthplace — (City, town, or county) England 4 (State or foreign country)

10. Usual occupation retired

11. Industry or business plumber

FATHER
12. Name Robert Fenton
13. Birthplace (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Eliza unknown Radcliffe
15. Birthplace " 4 England (City, town, or county) (State or foreign country)

16. (a) Informant John C. Fenton
(b) Address 5036 Kensington

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/6/41 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6794 Delmar Blvd. 8/11

19. (a) JAN 8 1941 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 3d year 1941 hour 1 minute A M.

21. I hereby certify that I attended the deceased from Dec 23d, 1940, to Jan 2nd, 1941; that I last saw him alive on Jan 2nd, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ANGINA PECTORIS	11 da
Due to ARTERIO-SCLEROSIS	5 yrs
Due to	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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? 844 (Specify type of place)
While at work? — (e) Means of injury 0

23. Signature G. M. Schuricht (M. D. or other) 1
Address 2327 S. 12th St. Date signed Jan 4th 1941

(Licensed Embalmer's Statement on Reverse Side)

2327 So 12th
12-2. 7-8 PM

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 J. William Binkley

Licensed Embalmer No. 3653

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.