

FEB 25 1941
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 _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. ANTHONY HOSP. D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
(c) City or town ST LOUIS 117
(If outside city or town limits, write "RURAL")
(d) Street No. 7118 VIRGINIA AV. 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

8. (a) PRINT FULL NAME CAROLINE P. FICHTEMAN

8. (b) If veteran, name war NO 8. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, MARRIED
6. (b) Name of husband or wife JOHN 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased JULY 23 1895
(Month) (Day) (Year)

8. AGE: Years 45 Months 5 Days 27 If less than one day, hr. _____ min. _____

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

12. Name OLIVER P. ENRISMAN

13. Birthplace ST LOUIS DMO.
(City, town, or county) (State or foreign country)

14. Maiden name JOSEPHINE CARL

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

16. (a) Informant JOHN FICHTEMAN
(b) Address 7118 VIRGINIA AV.

17. (a) BURIAL (b) Date thereof JAN 23-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MNT HOPE CEM.

18. (a) Signature of funeral director J. P. Fudis

(b) Address 7138 Michigan

19. (a) JAN 21 1941 (b) J. P. Fudis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19
year 1941 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan.
3, 1941 to Jan. 19, 1941;

that I last saw her alive on Jan. 19 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage of Esophageal Varices Duration 1/13

Due to Portal Cirrhosis of Liver

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy Ruptured Esophageal Varices, Cirrhosis of Liver

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) Means of injury 0

23. Signature A W Peters (M. D. or other) MD
Address 4145 a S. Grand Date signed 1/20

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed *J. P. Fendler - J.*

Licensed Embalmer No. *925*

P. O. Address *ST. LOUIS.*

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.