

No. 2  
-4-41  
17-39  
X28390

Registration District No. **7917**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Louis City Hospital #1**   
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **9 Days**  
In this community **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **107 N. 6th St.**  
(If rural, give location)  
(e) Citizen of foreign country?  (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **William Fell**

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 **Divorced**

6. (b) Name of husband or wife **Louisa Fell.** 6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **Dec. 19, 1871**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>69</b>	<b>3</b>	<b>1</b>	.....hr. ....min.

9. Birthplace **St. Louis, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Blacksmith.**

11. Industry or business \_\_\_\_\_

12. Name **Anthony Fell.**

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

14. Maiden name **Margaret Lawler.**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs. E. Palmisano.**  
(b) Address **5207 Wells Ave.**

17. (a) **Burial** (b) Date thereof **Mar 24, 41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Joseph J. Zichau**  
(b) Address **1431 Union Bldg.**  
19. (a) **MAR 21 1941** (b) **J. W. Ziedrich**  
(Date of local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **20**, year **1941** hour **3:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **March 12, 1941** to **March 20, 1941**  
that I last saw him alive on **March 20, 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Alcoholic colitis, non-specific**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions **1941**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **11**  
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? \_\_\_\_\_

23. Signature **H. W. E. Ziegler** (Specify type of place) \_\_\_\_\_  
Address **1515 Lafayette Avenue** (M. D. or other) **3/20/41**  
Date signed \_\_\_\_\_

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

MOTHER FATHER

**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.....

*John A. Mlinar*

Registered Apprentice No. ~~4186~~

working under my personal supervision.

Signed *John A. Mlinar*

Licensed Embalmer No. 4186

P. O. Address 3011 Rauschenbach

**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.**