

No. 2  
1-4-47  
17-39  
X26390

**FILED** AUG 8 1941

Registration District No. 184

Primary Registration District No. Jaw

1. PLACE OF DEATH:

(a) County St. Louis County

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

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

(d) Length of stay: In hospital or institution Admitted 7/14/40  
(Specify whether years, months or days)

In this community Unknown.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County COO

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

(d) Street No. 4152 North Grand Avenue  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emil W. Fahrenholz

3. (b) If veteran, name war World

3. (c) Social Security No. 488-03-8891

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th  
year 1941 hour 2:35 minute \_\_\_\_\_ p. M.

21. I hereby certify that I attended the deceased from July 14, 1940 to July 15, 1941  
that I last saw him alive on July 15, 1941  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Eula V. Fahrenholz nee Foster

6. (c) Age of husband or wife if live 50 years

7. Birth date of deceased April 8, 1892  
(Month) (Day) (Year)

Immediate cause of death Carcinoma of rectum, with extensive intra-abdominal metastases.

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

Due to 46.8

Other conditions Severe secondary anemia.  
(Include pregnancy within 3 months of death)

Duration About 5 years.

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>3</u>	<u>7</u>	_____ hr. _____ min.

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

10. Usual occupation Elastic Weaver

11. Industry or business Hall Mfg. Co.

MOTHER FATHER

12. Name Fred Fahrenholz

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

14. Maiden name Emma Mauer

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

Major findings: Rectum removed in 1936.

Of operations \_\_\_\_\_

Of autopsy Autopsy performed. See cause of death.

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Selwyn

(b) Address Acting Clinical Clerk, VA, J.B., Mo

17. (a) Burial (b) Date thereof 7/19/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(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? \_\_\_\_\_

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Matn Hermann & Son

(b) Address 2161 East Fair Ave

While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature L. M. COCHRAN, M.D. (M. D. or other) \_\_\_\_\_

Address Chief Medical Officer: Date signed 7/15/41

19. (a) JUL 18 1941 (Date received local registrar)

(b) J.P. Meyer, M.D. (Registrar's signature)

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

006

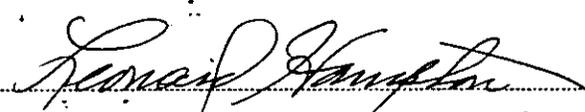
**STATEMENT BY LICENSED EMBALMER**

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. 2967

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.**