S. No. 2
-11-10-39
5-17-39
P I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 8 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29367

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1634

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town [redacted] (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mt. St. Rose Sanatorium O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 mo. 15 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")
(d) Street No. 4745 Hummel Ave. 9 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Audrey Fey
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. 20, 1915 (Month) (Day) (Year)

8. AGE: Years 25 Months 11 Days 13 If less than one day hr. min.

9. Birthplace Missouri O (City, town, or county) (State or foreign country)
10. Usual occupation Saleslady
11. Industry or business

FATHER
12. Name Irving Fey - Deceased
13. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Olinda Bomlitz
15. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Olinda Fey
(b) Address 4745 Hummel
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-5-41 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.
19. (a) AUG 4 - 1941 (Date received local registrar) (b) E. G. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 2 year 41 hour 11 minute 50 A.M.
21. I hereby certify that I attended the deceased from 8/18, 1940, to 8/2, 1941; that I last saw her alive on 8/2, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Far advanced pulmonary tbc

Due to

Due to

Other conditions Tuberculous generalized. (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Bilat. pulm. tbc, tbc empyema, amyloidosis

Duration

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

23. Signature Andrew C. Henske (M. D. or other) (1)
Address 607 No Grand Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Virgil L. Berryman

Licensed Embalmer No. 1-4018

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, above space should be left blank.