V. S. No. 2
50M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1942 791
Registration District No.

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

1003
Primary Registration District No.

8531
State File No.
2471
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: Alexian Brothers Hospital
(If not in hospital or institution, write street number or location) 0
(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 24 000
(c) City or town St.Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3540 S.Broadway 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Fernau

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

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Anna Fernau
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased September (Month) 18 (Day) 1878 (Year)

8. AGE: Years 63 | Months 5 | Days 27 | If less than one day hr. min.

9. Birthplace St.Louis (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Retired house painter
11. Industry or business
FATHER
12. Name George Fernau
13. Birthplace ---- (City, town, or county) Texas (State or foreign country) 1
MOTHER
14. Maiden name Elizabeth Fischer
15. Birthplace (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant Mrs. Anna Fernau
(b) Address 3540 So.Broadway
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3/19/42 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory
18. (a) Signature of funeral director Schumacher Ind Co.
(b) Address 3013 Meramec
19. (a) MAR 18 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 17 year 1942 hour 2.30 minute A. M.
21. I hereby certify that I attended the deceased from March 10, 1942 to March 17, 1942 that I last saw him alive on March 17, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum with metastases — Duration about 1 year

Due to

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature [signature] (M. D. or other) MD
Address 3548 S. Broad Date signed 3/18/42

(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 George N. Archambault, Registered Apprentice No. XXXX, working under my personal supervision.

Signed: George N. Archambault

Licensed Embalmer No. 2906

P. O. Address 3013 Meramec

**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.**