

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town _____

(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 1 mo. 8 days.
(Specify whether years, months or days)

In this community About 75 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 4126 Redbud Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME AUGUST FEHRT

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

4. Sex male () race white 5. Color or _____

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

6. (b) Name of husband or wife Christina Fehrt 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased 12-8-1859
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1942 hour 3:35 minute A. M.

21. I hereby certify that I attended the deceased from 7-1-41 19 to 4-24-42 19
that I last saw him 1m alive on 4-24-42 19
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>4</u>	<u>16</u>	hr. _____ min. _____

Immediate cause of death Chronic Myocarditis 1941x

Due to Senility 1941x

Due to Gen Arteriosclerosis 1941x

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

9. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER { 12. Name Charles Fehrt

FATHER { 13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Ann Fehrt

15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Leggen Dorf

(b) Address 5300 Arsenal St.

17. (a) Burial (b) Date thereof 4/27/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

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

(b) Address 2161 East Fair Ave

19. (a) APR 27 1942 (b) J. F. Brudick
(Date received local registration) (Registrar's signature)

Major findings: Of operations _____

Of autopsy No. 73

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? _____

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

23. Signature Hubert T. Smith (M. D. or other) _____
Address 3400 Arsenal Date signed 4/27/42

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

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

William B. Buchholz

Licensed Embalmer No.

2119

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.