

FILED SEP 4 1942

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH: **St. Louis, Missouri**

(a) County **St. Louis, Missouri**

(b) City or town **St. Louis**

(c) Name of hospital or institution: **City Sanitarium 2**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **16 yrs. 3 mos. 3 days**

In this community **About 67 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **000 Missouri**

(a) State **Missouri** (b) County **19**

(c) City or town **St. Louis**

(d) Street No. **12906 Lemp Ave. City Sanitarium**

(e) Citizen of foreign country? **0** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **HENRY WILLIAM FIENUP**

3. (b) If veteran, name war **Spanish-American**

3. (c) Social Security No. **None.**

4. Sex **male 0**

5. Color or race **white**

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

6. (b) Name of husband or wife **Marie Fienup**

6. (c) Age of husband or wife if alive **51** years

7. Birth date of deceased **March 7, 1875**

(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	5	19	hr. min.

9. Birthplace **St. Louis Missouri**

(City, town, or county) (State or foreign country)

10. Usual occupation **Storekeeper**

11. Industry or business.....

MOTHER FATHER

12. Name **William Fienup**

13. Birthplace **St. Charles Missouri**

14. Maiden name **Elizabeth Eschrich**

15. Birthplace **Unknown 9**

(City, town, or county) (State or foreign country)

16. (a) Informant **Marie Fienup.**

(b) Address **2906 Lemp Ave.**

17. (a) **Burial** (b) Date thereof **8-29-42.**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National Cem.**

18. (a) Signature of funeral director **Hy. Leidner Und. Co.**

(b) Address **2223 St. Louis Ave.**

19. (a) **AUG 28 1942** (b) **Jr. Medick**

(Date recorded) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **26**

year **1942** hour **6:05** minute **A.** M.

21. I hereby certify that I attended the deceased from **7-1-42** 19... to **8-26-42** 19...;

that I last saw him alive on **8-26-42** 19...;

and that death occurred on the date and hour stated above.

Immediate cause of death.....

Chronic Myocarditis **6 yrs x**

Due to.....

Due to.....

Other conditions **Lobar Pneumonia, Cystitis**

(Include pregnancy within 3 months of death)

Major findings: **Cerebral Cystitis** **PHYSICIAN**

Of operations.....

Of autopsy **Lobar Pneumonia, Cystitis**

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?.....

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place)

(c) Means of injury.....

23. Signature **Stanley J. Nemec** **M.D.**

Address **5400 Arsenal St.** Date signed **8/26/42**

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.....

Licensed Embalmer No. *1674*

P. O. Address *2223 So. Linn*

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.