

FILED OCT 6 1942

State File No. \_\_\_\_\_

Registration District No. **318**

Primary-Registration District No. \_\_\_\_\_

Registrar's No. **8038**

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:  
**4421 Strodtmann Pl. /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None** (Specify whether  
In this community **Birth**  
years, months or days)

3. (a) PRINT FULL NAME **Joseph A. Fehring**

3. (b) If veteran, name war **None** 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Kathryn C. Fehring nee Holzman** 6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **August 2, 1885**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**57** **1** **23** hr. min.

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

10. Usual occupation **Operator**

11. Industry or business **City water works**

MOTHER FATHER { 12. Name **Anthony Fehring**

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

14. Maiden name **Marie von Hessler**

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

16. (a) Informant **Kathryn C. Fehring**

(b) Address **4421 Strodtmann Pl.**

17. (a) **Burial** (b) Date thereof **9/29/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

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

(b) Address **2161 East Fair Ave**

19. **SEP 28 1942** (b) **J. F. Brudeck**  
(Date received final registrar's signature) (Registrar's signature)

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. **4421 Strodtmann Pl.** (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September**, **25th**.  
year **1942** hour **10:50** PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Sept. 6 10**, 1942, to **Sept. 25**, 1942  
that I last saw him alive on **Sept. 25**, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death **Embolic cerebral**

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

Due to **Thrombophlebitis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?

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

23. Signature **Quinn** (M. D. or other) \_\_\_\_\_

Address **1918 East Fair Ave** Date signed \_\_\_\_\_

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

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**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 G. Buchholz*

Licensed Embalmer No. *2110*

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.**