

FILED JUL 13 1943
Registration District No. **18**

Primary Registration District No. **1003**

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:
En Route to City Hospital #13
(If not in hospital or institution, write street number or location)

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

In this community.....
(Specify whether years, months or days)

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. 4523 Lewis Place
(If rural, give location)

(e) Citizen of foreign country?.....
(Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME..... Oliver P. Fath

3. (b) If veteran, name war..... *XXXXXXXX*

3. (c) Social Security No. 487-18-3678

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 30th day June
year 1943 hour 11:45 minute..... A. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased September 11 1884
(Month) (Day) (Year)

that I last saw him..... alive on....., 19....., and that death occurred on the date and hour stated above.

Immediate cause of death.....

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>9</u>	<u>20</u> hr. min.

Coronary Thrombosis
Strangulated Right Inguinal Hernia
W.M.A.

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

10. Usual occupation..... Packer

11. Industry or business.....

Due to.....

Due to.....

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

MOTHER FATHER

12. Name..... August Fath

13. Birthplace..... Missouri
(City, town, or county) (State or foreign country)

14. Maiden name..... Anna Mode

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

Major findings:
Of operations.....

Of autopsy.....

Duration.....

Underline the cause to which death should be charged statistically.

16. (a) Informant.....

(b) Address..... 243 6th St. Laurel Mississippi

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof July 3 1943
(Month) (Day) (Year)

(c) Place: burial or cremation..... Old St. Marcus Cemetery

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?.....

18. (a) Signature of funeral director..... Peetz Brothers
3029 Lafayette Ave

(b) Address.....

19. (a) JUL 2 1943
(Date received local registrar) (b) J. F. Brudick
(Registrar's signature)

While at work.....
(Specify type of place) (c) W. M. A.
(M.D. or other)

23. Signature.....
Address..... Date signed 7/2/43

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..... *Paul J. Brown*

Licensed Embalmer No. *2245*

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.