

FILED NOV 18 1943

318

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County
(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3922 Hartford Street.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County
(c) City or town Saint Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3922 Hartford Street.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME August Fellhauer

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

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

6. (b) Name of husband or wife Caroline Fellhauer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 21st. 1869.
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 11 If less than one day hr. min.

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

10. Usual occupation Retired Merchant

11. Industry or business

12. Name ? Fellhauer

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

14. Maiden name Unknown

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

16. (a) Informant Carl Fellhauer

(b) Address 3922 Hartford Street.

17. (a) Burial (b) Date thereof Nov. 5th, 43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter & Paul

18. (a) Signature of funeral director Zugenbauer Bros.

(b) Address 8408 Gravois Ave.

19. (a) NOV 4 1943 (b) J. F. Braddock
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2nd,
year 1943. hour 8 minute 10 P. M.

21. I hereby certify that I attended the deceased from July 15th
1941, to November 2 1943

that I last saw him alive on November 2 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bladder with terminal uremia - Urinary Duration

Due to _____

Due to 52

Other conditions Pneumonia, terminal
(Include pregnancy within 3 months of death)

Major findings: None Of operations _____

Of autopsy None

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) Means of injury _____

23. Signature Paul L. Rams (M. D. or other)

Address 2115 So. GRAND. Date signed 11/3/43

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..... *V. C. Morris*

Licensed Embalmer No. *3360*

P. O. Address.....

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.