

S. No. 2
OM-2-43
v. 5-17-39
X38822

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 19 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15110
State File No. 4150
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: St. Louis City Hospital #1.
(d) Length of stay: In hospital or institution 2 mos-27 days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. St. Louis (b) County
(c) City or town 8323 Alabama ave.
(d) Street No. 8323 Alabama ave.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rose Fesenmeier
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 8th
year 1945 hour 1:50 minute P. M.
21. I hereby certify that I attended the deceased from 2/11/45
to 5/8/45
that I last saw her alive on 5/8/45
and that death occurred on the date and hour stated above.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years 29 1874

Immediate cause of death
Adeno carcinoma corpus uteri
Due to
Due to
Other conditions
Major findings: Adeno carcinoma found at D & C of uterus
Of autopsy

8. AGE: Years 71 Months 1 Days 8
If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER
12. Name Jacob Fesenmeier
13. Birthplace Unknown
14. Maiden name May Keller
15. Birthplace Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant George Kuhlmann
(b) Address 8323 Alabama ave.

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?

17. (a) Burial (b) Date thereof May 11, 1945
(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
(b) Address 7814 S. Broadway

19. (a) MAY 10 1945 J. F. Bradick
(Data received local registrar) (Registrar's signature)

23. Signature: Gerald S. Matley
Address: 1515 Lafayette
Date signed: 5/8/45

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

1779

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 Harry J. Schumacher
Licensed Embalmer No. 2679
P. O. Address 7874 S. Broadway

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.