V. S. No. 2
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Rev. 5-17-39
No I X36671

#46382

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29003

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8604

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2837 Texas Avenue 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME LEO FELLHAUER

3. (b) If veteran, name war No

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 Catherine (c) Age of husband or wife if alive years

7. Birth date of deceased October (Month) 10th, (Day) 1871 (Year)

8. AGE: Years 73 Months 11 Days 23 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER 12. Name Joseph Fellhauer

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

MOTHER 14. Maiden name Unknown

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

16. (a) Informant Margaret Poss

(b) Address 7318 Devonshire, St. Louis, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct. 6, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul Cemetery

18. (a) Signature of funeral director Walker-Heldenbrand Co.

(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) OCT 5 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3rd year 1945 hour 12:45 minute P. M.

21. I hereby certify that I attended the deceased from 9/21/45, 19..., to 10/3/45, 19...; that I last saw him alive on 10/3/45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Infarction — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Herbert C. Fritz (M. D. or other)

Address 1515 Lafayette 10/3/45 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Robert Cwheeler

Licensed Embalmer No. 2728

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.