

7. S. No. 2
00M-2-43
ev. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 12 1946 STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18372**
Registrar's No. **4155**

Registration District No. **378** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **ST. LOUIS**
(b) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Barnes Hospital**
(If not in hospital or institution, write street number of residence)
(d) Length of stay: In hospital or institution **12 hrs 10 mins**
(Specify whether in this community **Previously under treatment as an out-patient** or elsewhere)
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Edwin Carl Fenton**
(b) If veteran, name war **None**
(c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Thelma**
6. (c) Age of husband or wife if alive **40** years
7. Birth date of deceased **May 15 1901**
(Month) (Day) (Year)

8. AGE: Years **44** Months **11** Days **22**
If less than one day hr. min.

9. Birthplace **Little Rock Arkansas**
(City, town, or county) (State or foreign country)
10. Usual occupation **Personnel Manager**

11. Industry or business
12. Name **Alvin H. Fenton**
13. Birthplace **New Jersey**
(City, town, or county) (State or foreign country)
14. Maiden name **Birdie Atkins**
15. Birthplace **New Jersey**
(City, town, or county) (State or foreign country)

16. (a) Informant **Virgil Johnson**
(b) Address **Mt. Vernon, Ill.**
17. (a) **Removal** (b) Date thereof **5-7-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Vernon, Ill.**
18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **Washington Blvd.**
19. (a) **MAY 7 1946** (b) **J. F. Brebeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Illinois** (b) County **Jefferson**
(c) City or town **Mt. Vernon**
(If outside city or town limits, write "RURAL")
(d) Street No. **2404 College**
(If rural, give location) **NR**
(e) Citizen of foreign country? (Yes or No) **No**
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **6**
year **1946** hour **11** minute **10 p.m.**
21. I hereby certify that I attended the deceased from **May 6 1946** to **May 6 1946**
that I last saw him alive on **May 6 1946**
and that death occurred on the date and hour stated above.
Immediate cause of death **Peritonitis** Duration

Due to **Perforated peptic ulcer**
Due to **Peptic ulcer** **4 yrs**
Other conditions **///**
(Include pregnancy within 3 months of death)

Major findings: Of operations **Peritonitis, Pulmonary edema, aortic stenosis, side of perforated ulcer**
Of autopsy **Peritonitis, Pulmonary edema, aortic stenosis, side of perforated ulcer**
Underline the cause to which death should be attributed

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 **FR Madley** (M. D. or other) **○**
Address **Barnes Hospital** Date signed **5/7/46**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
17250

JUN 20 1941

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..... *Elmer R. Cadwell*

Licensed Embalmer No..... *4077*

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.