S. No. 2
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5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 10813

Registrar's No. 2475

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: 1407r Benton St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 56 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 26000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1407r Benton St. 9
(If rural, give location) 10
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mr. Herman Fillbright

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 0

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

7. Birth date of deceased July 14th. 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 17. If less than one day hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Wood worker

11. Industry or business

FATHER
12. Name Herman Fillbright
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Henrietta Schlueter
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Robert W. Fillbright
(b) Address 1407r Benton St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.

19. (a) APR 2 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st. year 1947 hour 2:00 PM. minute M.

21. I hereby certify that I attended the deceased from Aug 15 1941 to March 31 1947 that I last saw him alive on March 27 1947 and that death occurred on the date and hour stated above.

Immediate cause of death arterio sclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 97

Major findings:
Of operations
Of autopsy

Duration: not known

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 0

23. Signature George L Muelle (M. D. or other)
Address 2504 N. 10 Date April 1/47

(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 John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 St Louis 9

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.