U. S. No. 2
10M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 14 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18800
Registrar's No. 5565

Registration District No. 318
Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri.
(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 1 Week (Specify whether years, months or days)
In this community 50 Years.

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. 2028 Gano Ave. 9
(If rural, give location) 10
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME PEARL FEHLIG
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife August Fehlig
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Dec. 21. 1886 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
60	5	12	hr. min.

9. Birthplace Cornig, Iowa (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Willaim Benson
13. Birthplace Illinois (City, town, or country) (State or foreign country)

MOTHER
14. Maiden name Christy Douglas
15. Birthplace Wisconsin (City, town, or county) (State or foreign country)

16. (a) Informant August Fehlig
(b) Address 2028 Gano Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/47 (Month) (Day) (Year)
(c) Place: burial or cremation Lakewood Park Cem.
18. (a) Signature of funeral director [signature]
(b) Address 2117 E. Grand Blvd.
19. (a) JUN 5 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd year 1947 hour 8:00 minute A M.
21. I hereby certify that I attended the deceased from 5/26/47, 19..., to May 3rd, 1947; that I last saw her alive on May 3rd, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death (a) Pulmonary Tuberculosis (b) Tuberculous Enteritis — Duration (a) 2 yrs. (b) 0?
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy Tuberculosis of pulmonary, colon,

PHYSICIAN — Underline the cause of 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 5
23. Signature B. Berman (M. D. or other)
Address 1515 Lafayette Date signed 6/3/47

Jefferson City Printing Co. (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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.