S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25510

FILED AUG 25 1947

Registration District No. 310 Primary Registration District No. 1003 Registrar's No. 7033

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo. (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 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 0-00

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

(d) Street No. 26 1433 Bremen Ave. (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME LOUIS FAHRENHOLZ

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex M

5. Color or race W

6. (a) ~~Single, widowed, divorced~~ 3

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 12th (Day) 1885 (Year)

8. AGE: Years 52 Months 1 Days 16 If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Maintenance Man

11. Industry or business Donnelly Truck Co.

FATHER
12. Name Fred Fahrenholz 0
13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Mauer
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant Linda Golden
(b) Address 4317 Rosewood

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-31-47 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cem.

18. (a) Signature of funeral director Suedemeyer & Sons
(b) Address 3924 N. 20th St.

19. (a) JUL 29 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28th year 1947 hour 7:50 minute P M.

21. I hereby certify that I attended the deceased from 7/28/47, 19, to July 28th, 1947 that I last saw him alive on July 28th, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intra-tracheal hemorrhage	30 min
Due to Carcinoma of Larynx	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Pulmonary hemorrhage	
Of autopsy	

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 0

23. Signature C. J. Kusenski 1515 Lafayette (M. D. or other) 7/29/47

Address Date signed

Jefferson City Printing Co. JUL 29 1947

(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.....a. a. Smithers.....

Licensed Embalmer No.....3916.....

P. O. Address.....3934. 20-20th.....

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.