

1/47
5-17-39

FILED OCT 20 1947
Registration District No. **23947**

Primary Registration District No. **6076**

Registrar's No. **2167**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

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

(c) Name of hospital or institution **5741 Hodiament Ave**
(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 **Missouri** (b) County **96**

(c) City or town **Jennings**
(If outside city or town limits, write "RURAL")

(d) Street No. **5741 Hodiament Ave**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **William J. Fennel**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **12th** year **1947** hour **10:00 PM** minute _____ M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Josephine Fennel nee Offerman** Age of husband or wife if alive **54** years

7. Birth date of deceased **December 3, 1893**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Dec 11**, 19**47** to **Sept 25**, 19**47**.

that I last saw him **alive** on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death **Cyanosis**

8. AGE:	Years	Months	Days	If less than one day
	53	10	9	hr. _____ min.

Due to _____

Due to _____

Other conditions _____ (include pregnancy within 3 months of death)

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Unemployed**

11. Industry or business _____

12. Name **William Fennel**

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

14. Maiden name **Katherine Voelker**

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

16. (a) Informant **Josephine Fennel**

(b) Address **5741 Hodiament Ave**

17. (a) **Burial** (b) Date thereof **10/16/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son, Inc.**

(b) Address **2161 East Fair Ave**

19. (a) **10-16-47** (b) **Seula J. [Signature]**
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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 _____

23. Signature **J. C. [Signature]** Date **10/13/47**

Address **6004^a Delmar**

NOV 27 1947

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.....

Wesley G. Burnley

Licensed Embalmer No.....

4202 C

P. O. Address.....

St. Paul, 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.

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jennip
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)

3. (a) PRINT FULL NAME

William J. Fennel

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife.....

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

7. Birth date of deceased.....
(Month) (Day) (Year)

8. AGE:

Years 53

Months

Days

(If less than one day)

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a).....

(Burial, cremation, or removal)

(b) Date thereof.....

(Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a).....

(b).....

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town.....
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....

year 1947

hour.....

minute.....

M.....

21. I hereby certify that I attended the deceased from.....

to....., 19.....;

that I last saw him..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death.....

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?.....

While at work?.....

(Specify type of place)

(e) Means of injury.....

23. Signature.....

(M. D. or other)

Address.....

Date signed.....

SLIPPLEMENTARY 2

Do copy under water - in case
WIFE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

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