

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....  
Registrar's No. **11762**

FILED JAN 9 1948

Registration District No. **318**

Primary Registration District No. **1003**

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:  
**4804 Cupples Pl.**  
(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..... **000**

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

(d) Street No. **6 4804 Cupples Pl.**  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) **0**  
If yes, name country.....

3. (a) PRINT FULL NAME..... **Emma K. Fey**

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

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

4. Sex..... **female**

5. Color or race..... **white**

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

6. (b) Name of husband or wife..... **Julius Fey**

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

7. Birth date of deceased..... **Aug. 15 1856**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>91</b>	<b>4</b>	<b>9</b>	..... hr. .... min.

9. Birthplace..... **Mo. 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Home**

11. Industry or business.....

12. Name..... **Mathis Birgermeister**

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

14. Maiden name..... **Johanna Schwartz**

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

16. (a) Informant..... **Talitha Fey**

(b) Address..... **4804 Cupples Pl.**

17. (a) **burial** (b) Date thereof..... **12-27-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Weldon Springs Mo.**

18. (a) Signature of funeral director..... **Drehmann-Harral**

(b) Address..... **1905 Union Blvd.**

19. (a) **DEC 26 1947** (b) **J. B. Redek**  
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Dec** day..... **24**  
year..... **1947** hour..... **11** minute..... **10** A.M.

21. I hereby certify that I attended the deceased from **April 24 1947** to **Dec 24 1947**  
that I last saw him alive on **Dec 24 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Angina pectoris**  
**1 yr.**

Due to.....

Due to.....

Other conditions..... **1 yr.**  
(include pregnancy within 3 months of death)

Major findings:  
Of operations.....

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.....

23. Signature..... **J. B. Redek** (M. D. or other):  
Address..... **5251 Marine Drive** (Date signed) **12/26/47**

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

Mother

**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..... *Warren A. Carver* .....

Licensed Embalmer No. *3534* .....

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.