

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10150
2583
Registrar's No. _____

FILED MAR 25 1948

318

Primary Registration District No. _____

1003

Registration District No. _____

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

1. PLACE OF DEATH:

(a) County..... St. Louis, Missouri

(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:
4065 McPherson Avenue., /
(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 St. Louis

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

(d) Street No. 4065 McPherson Avenue., /
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Michael Phillip Fenton

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1948 hour 11 minute 10 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male White 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 _____

Immediate cause of death _____
Status Thymico Lymphaticus

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 6/11

7. Birth date of deceased: November 23 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 20 hr. min.

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Franklin Fenton

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

14. Maiden name Isabelle Crocker

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

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? _____

16. (a) Informant Isabelle Crocker

(b) Address 4065 McPherson Avenue., /

17. (a) Burial (b) Date thereof 3/17/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goodland, Missouri

18. (a) Signature of funeral director. Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAR 15 1948 J. F. Bradeck
(Date received local registrar) (Registrar's signature)

23. Signature Robert E. Taylor Dep Cor
(M.D. or other) 3-45-48

Address 1300 Clark Date signed _____

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.....

Newry A. Brammer

Licensed Embalmer No.....

4200

P. O. Address.....

St. Louis

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.