

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **10888**  
Registrar's No. **864**

FILED APR 5 1948

Registration District No. **36**

Primary Registration District No. **3063**

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

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **Chariton**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Louis County Hosp. O**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 days 1 hr**  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **St. Louis Co.**  
(c) City or town **LEMAY**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **342 RAHUT**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **EFFIE FEHRENBACH**

3. (b) If veteran, name war **—** 3. (c) Social Security No. **No**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W**

6. (b) Name of husband or wife **Charles Fehrenbach** 6. (c) Age of husband or wife if alive **Unk.** years

7. Birth date of deceased **July 29 1877**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**74** **7** **26** hr. min.

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

10. Usual occupation **None**

11. Industry or business **None**

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Larry Doyle**

(b) Address **243 Rahut**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3-29-48** (Month) (Day) (Year)

(c) Place: burial or cremation **Bethlehem Cem.**

18. (a) Signature of funeral director **Fennell Red Co**

(b) Address **7420 Michigan**

19. (a) **3-27-48** (Date received local registrar) (b) **Earle J. Shaffer** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **25** year **1948** hour **3** minute **38 P.M.**

21. I hereby certify that I attended the deceased from **3-23**, 19**48**, to **3-25**, 19**48** that I last saw her alive on **MARCH 25**, 19**48** and that death occurred on the date and hour stated above.

Immediate cause of death **Concussion**  
**laceration of brain**

Due to \_\_\_\_\_  
Due to **186 a**  
**18**

Other conditions **186 a**  
**18**  
(Include pregnancy within 3 months of death.)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
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) **ACCIDENT** **96**

(b) Date of occurrence **MAR 23, 1948**

(c) Where did injury occur? **LEMAY - ST. LOUIS - MO.**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**HOME**

While at work? **No.** (Specify type of place) **FELL DOWN STAIRS**  
(e) Means of injury

23. Signature **Wm C. Cretchlow** (M. D. or other) **O**  
Address **601 BRENTWOOD BLVD** Date signed **3/26/48**

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**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 Edy Morris.....

..... Licensed Embalmer No. 3360.....

..... 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.**