

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21684
Registrar's No. 1567

FILED JUL 14 1948
Registration District No. 597

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Shamrock Rest Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Months
(Specify whether years, months or days)

3: (a) PRINT FULL NAME Kathryn B. Fellenz

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased February 24, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 3 29 hr. min.

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name William Lohgly
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Wieland
15. Birthplace Wisconsin
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Madeline Fellenz

(b) Address 5922 Alpha Ave

17. (a) Entombed (b) Date thereof 6-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Mausoleum

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

(b) Address 2161 E. Fair Ave

19. (a) 6-24-48 (b) Gene Sharp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Pine Lawn 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3709 Manola Ave 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1948 hour 7 minute 00 AM.

21. I hereby certify that I attended the deceased from June 10
1948 to June 23, 1948
that I last saw her alive on June 22, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death General Carcinomatous
Primary Carcinoma
in glands of neck
Due to _____
Due to _____
Other conditions (Includes pregnancy within 3 months of death) 55

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 A. J. Betteiger (M. D. or other) _____
Address 2745 N. Grand St. Date signed 6/23/48

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

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 *W. Alfred G. Burnley*

Licensed Embalmer No. *4202*

P. O. Address *M. P. Jones Co.*

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.