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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

411434

State File No. 10969  
Registrar's No.

FILED JAN 11 1949 318

Registration District No. Primary Registration District No.

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

1. PLACE OF DEATH:  
(a) County  
(b) City or town St. Louis  
(c) Name of hospital or institution: Enroute to City Hospital #1.  
(d) Length of stay: In hospital or institution 20 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 2856 Henrietta Street  
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME MAURICE FESSARD  
(b) If veteran, name war Nil  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 17th year 1948 hour 5 minute 10 P. M.

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced S  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased December 25, 1881

21. I hereby certify that I attended the deceased from that I last saw him alive on and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
66 11 22 hr. min.

Immediate cause of death  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace France S  
10. Usual occupation Chef Retired

Major findings: Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business  
12. Name Unknown  
13. Birthplace Unknown  
14. Maiden name Unknown  
15. Birthplace Unknown

16. (a) Informant Gunnar Neuschwang  
(b) Address 2856 Henrietta Street  
17. (a) burial (b) Date thereof 12-20-48  
(c) Place: burial or cremation Mount Hope Cemetery

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

18. (a) Signature of funeral director A.W. McLaughlin  
(b) Address 2301 Lafayette Avenue  
19. (a) (Date received local registrar) (b) Registrar's signature

While at work? (Specify type of place) (c) Means of injury  
23. Signature (M. D. or other) Address 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.....

*[Handwritten Signature]*  
.....  
Registered Apprentice No.....  
working under my personal supervision.

Signed..... *D. W. Cooper*.....

Licensed Embalmer No..... *3830*.....

P. O. Address..... *2301 Lafayette Ave*.....

**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.**