

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3395

00011

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE - <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>DesPeres</u>		c. LENGTH OF STAY (in this place) <u>2 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>41 TOWN Clayton Rural</u>		4410	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Manchester &amp; Ballas Rds.</u>				d. STREET ADDRESS (If rural, give location) <u>Warson Road</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u>			b. (Middle)			c. (Last) <u>Fey</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 1 1950</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	
8. DATE OF BIRTH <u>Feb. 21 1863</u>		9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>XXXX</u>			11. BIRTHPLACE (State or foreign country) <u>Clayton, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Adam Seibert</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Bruckner</u>		14. NAME OF HUSBAND OR WIFE <u>Nickodas Fey Dcd.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Esther Kaiser Kirkwood, Mo. R#2</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12/31/49</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>							
DUE TO (c) <u>Cerebral Hemorrhage</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>						<u>331X</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>Nov 15, 1949</u> , to <u>Jan 1, 1950</u> , that I last saw the deceased alive on <u>Jan 1, 1950</u> , and that death occurred at <u>4:32 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>William Seibert, D.O.</u>				23b. ADDRESS <u>7906 Bonhomme, Clayton, Mo.</u>		23c. DATE SIGNED <u>1/2/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-1-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Immanuel Lutheran Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Olivette, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-4-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Palumbo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rayman Bros. Inc.</u>		ADDRESS <u>2501 Woodson Rd - Overland - 11 - Mo.</u>	

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland #4 Mo

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.