

U.S. No. 500
REV. 10-48

FILED APR 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14505**
Registrar's No. **3562**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY | |
| b. CITY OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital | | / STREET ADDRESS (If rural, give location) 4935a Lindenwood Ave. | |

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|--|-------------|-----------|---------------------------------------|-------|--------|
| 3. NAME OF DECEASED (Type or Print) GEORGE J. FERNBACHER 3rd | | | 4. DATE OF DEATH April 16 1950 | | |
| a. (First) | b. (Middle) | c. (Last) | (Month) | (Day) | (Year) |

| | | | | | | | |
|--------------------|-------------------------------|--|---------------------------------------|--|------------------------|------------------------|------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH Feb. 18, 1946 | 9. AGE (In years last birthday) 4 | IF UNDER 1 YEAR Months | IF UNDER 12 HRS. Hours | Min. |
|--------------------|-------------------------------|--|---------------------------------------|--|------------------------|------------------------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. D | 12. CITIZEN OF WHAT COUNTRY? |
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| | | |
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| 13a. FATHER'S NAME George J. Fernbacher Jr. | 13b. MOTHER'S MAIDEN NAME Vivienne Nicoletto | 14. NAME OF HUSBAND OR WIFE |
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|---|-------------------------------------|---|---------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME George J. Fernbacher Jr. | ADDRESS 4935a Lindenwood |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 3 year |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fibrosis of Pancreas | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metabolic abnormality DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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|---|--|---|
| 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? 687.2 |
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22. I hereby certify that I attended the deceased from **Mar. 19, 1950**, to **Apr. 16, 1950**, that I last saw the deceased alive on **Apr. 16, 1950**, and that death occurred at **8:00 a. m.**, from the causes and on the date stated above.

| | | |
|---|----------------------------------|-----------------------------------|
| 23a. SIGNATURE (Degree or title) A. F. Calvey M.D. | 23b. ADDRESS 2715 Clifton | 23c. DATE SIGNED 17 Apr 50 |
|---|----------------------------------|-----------------------------------|

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|---|--------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (-) | 24b. DATE Apr. 19, 1950 | 24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cem. | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
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|---|--|--|---|
| DATE REC'D BY LOCAL REG. APR 18 1950 | REGISTRAR'S SIGNATURE J. B. Pasater | 25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser | ADDRESS 4228 S. Kingshighway Bl. |
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(Licensed Embalmer's Statement on Reverse Side)

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

St. Louis, Mo. 4/18/50

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Richard W. Stovessand

Signed.....
Student Embalmer

Licensed Embalmer No..... *4007*

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.