

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41103**

~~FILED~~ DEC 12 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3112

1000

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay</u>	
c. LENGTH OF STAY (In this place) <u>3 1/2</u> Mo.		d. STREET ADDRESS (If rural, give location) <u>635 Bellsworth</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>635 Bellsworth</u>			

3. NAME OF DECEASED (Type or Print) <u>PHILIP FESLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 2 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	
8. DATE OF BIRTH <u>Sep. 22, 1879</u>		9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 10 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Worker (Retired)</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Brown Shoe Co.</u>		
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>William Fesler</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Koenig</u>		14. NAME OF HUSBAND OR WIFE <u>Late Lena Fesler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-05-1227</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William Fesler 6037 Maxwell Ave.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart failure, ventricular with pulmonary congestion (arrhythmic fibrillation)</u>		ANTECEDENT CAUSES <u>General arteriosclerosis, myocardial hypertrophy, liver enlarge-</u>			DUE TO (b) <u>General arteriosclerosis, myocardial hypertrophy, liver enlarge-</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>ment.</u>			19.50-52
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		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) <u>4201</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 January 1st, 1950, to December 2, 1952, that I last saw the deceased alive on December 2, 1952 and that death occurred at 3:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thos. F. Simon M.D.</u>		23b. ADDRESS <u>1115 Victoria St. - Del. City - D.C.</u>		23c. DATE SIGNED <u>Dec. 4, '52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 6, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	

DATE REC'D BY LOCAL REG. <u>12-4-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donohue M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl</u>	
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Richard W. Stovess

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.