

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 20 1956

State File No.

6101

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>ST. Louis</u>)		c. LENGTH OF STAY (in this place) <u>27 YRS</u>	
c. CITY OR TOWN <u>ST. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6833 BRADLEY AVE</u>		e. STREET ADDRESS (If rural, give location) <u>3 6833 BRADLEY AVE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELDON</u> b. (Middle) <u>D</u> c. (Last) <u>FESLER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6 27 56</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN-3-1883</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>24</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET. SUPERVISOR</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>S.W. BELL TEL. DISTRY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>BOURBON Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>CORNELIUS-FESLER</u>	13b. MOTHER'S MAIDEN NAME <u>ETHEL MARTIN</u>	14. NAME OF HUSBAND OR WIFE <u>JESSIE FESLER</u>
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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>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JESSIE-FESLER-6833 BRADLEY</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>? yrs.</u> <u>?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u>		
	ANTECEDENT CAUSES MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u> DUE TO (c) <u>Uremia; Anemia</u>		
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 <u>443X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?
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22. I hereby certify that I attended the deceased from 12-6-, 1946, to 6-29-, 1956, that I last saw the deceased alive on 6-2-, 1946, and that death occurred at 2:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Albert Kaplan MD</u>	23b. ADDRESS <u>607 N. Grand</u>	23c. DATE SIGNED <u>6-28-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>6-30-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>ST. Louis Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>JUN 28 1956</u>	REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>JAY B. SMITH - MAPLEWOOD 17 MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.48

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.....
Signature of Student Embalmer

Signed..... *A. Burgess*

Licensed Embalmer No. *402*

P. O. Address *Maple*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.