

FILED SEP 23 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **34461**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **590** Registrar's No. **2253**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>SANGAMON</b>			
b. CITY OR TOWN <b>Rural Wellston</b>		c. LENGTH OF STAY (in this place) <b>26 yrs. 10 mos.</b>		c. CITY OR TOWN <b>Springfield</b>		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 <b>St. Vincent's Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>St. John's Hospital</b>			
3. NAME OF DECEASED (Type or Print) <b>Agnes</b>		a. (First)		b. (Middle)		c. (Last) <b>Fedders (Sr. Seraphine)</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 11, 1957</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	
8. DATE OF BIRTH <b>May 2, 1889</b>		9. AGE (In years last birthday) <b>68</b>		IF UNDER 1 YEAR <b>4</b> Months Days		IF UNDER 14 HRS. <b>4</b> Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WORK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CONVENT</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Holtwick, Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Hermann Fedders</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Edeler</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mother Superior St. John's Hospital Springfield, Illinois</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>		DUE TO (b) <b>Generalized Arteriosclerosis</b>				<b>Years</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>Generalized Osteoarthritis</b>				<b>II</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<b>II</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <b>2</b> 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)		<b>4200</b>	
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 <b>Dec. 1, 1949</b> , to <b>9-11</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>9-10</b> , 19 <b>57</b> and that death occurred at <b>3:40 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Joseph R. Costino, M.D.</b>				23b. ADDRESS <b>2407 N. Broadway, St. Louis 6</b>		23c. DATE SIGNED <b>9/11/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>SEPT. 13, 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CRUCIFIXION HILL</b>		24d. LOCATION (City, town, or county) (State) <b>SANGAMON COUNTY ILLINOIS</b>	
DATE REC'D BY LOCAL REG. <b>9-11-57</b>		REGISTRAR'S SIGNATURE <b>Herbert A. Romberg</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Vincent E. Slack</b>		ADDRESS <b>409 So 5th St Springfield, Ill.</b>	

**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:..

*Not Embalmed*

Student.....  
Signature of Student Embalmer

Signed..... *Vincent E. Stueb*

Licensed Embalmer No. *519*

P. O. Address *1199 So 5<sup>th</sup> Springfield*

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.