

FILED SEP 29 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034954
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 543 Registrar's No. 2408

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jennings		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Jennings 4138 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 2527 Cepts Avenue		Length of stay in lb 1 year	d. STREET ADDRESS (If outside, give location) 2527 Cepts Avenue Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Marion Middle H Last Fey			4. DATE OF DEATH Month Sept. Day 16 Year 1958
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 1 1905
9a. AGE (In years last birthday) 53		9b. F UNDER 1 YEAR Months 0 Days 0	9c. IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nurse		10b. KIND OF BUSINESS OR INDUSTRY Elm's Nursing Home	11. BIRTHPLACE (City and state or country) Kell, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME John Edwards	
13b. MOTHER'S MAIDEN NAME Clara Millsipal		14. NAME OF HUSBAND OR WIFE Herman H. Fey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 500-32-9339	17. INFORMANT Herman H. Fey, 2527 Cepts Ave., Jennings Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis Heart Disease DUE TO (b) General good Arteriosclerosis DUE TO (c) myocardial infarction PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus			INTERVAL BETWEEN ONSET AND DEATH 2 yrs + unk 4 yrs
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour — Month, Day, Year —	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 2/27/54 to Sept 16 '58 and last saw her alive on 8/26/58 Death occurred at 5:45 PM m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Robert Swarice M.D. (Degree or title)	
22b. ADDRESS 818 Olive St. St. Louis MO		22c. DATE SIGNED SM/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Sept 19 1958	
23c. NAME OF CEMETERY OR CREMATORY Salem Memorial Cemetery		23d. LOCATION (City, town, or county) (State) Salem Illinois	
24. FUNERAL VIA MOTOR ADDRESS Math Hermann & Son, Inc., 2161 E. Fair		25. DATE RECD. BY LOCAL REG. 9-18-58	
26. REGISTRAR'S SIGNATURE Herbert G. Donke M.D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Clement McNeary*

Licensed Embalmer No. *3732*.....

P. O. Address *St. Louis*.....

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.