

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010895
STATE FILE NUMBER
2 2949

APR 6 1959 Registration District No. Primary Registration District No. Registrar No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 5452 Robin Avenue		d. STREET ADDRESS (If outside, give location) 5452 Robin Avenue	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Herman Middle Last Fanter			4. DATE OF DEATH Month March Day 22 Year 1959
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 9 1877
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer - Retired		10b. KIND OF BUSINESS OR INDUSTRY Self-employed	11. BIRTHPLACE (City and state or country) Germany 4
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry Fanter	
13b. MOTHER'S MAIDEN NAME ---		14. NAME OF HUSBAND OR WIFE Deceased	
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.	17. INFORMANT Address Mr. Paul Fanter, 5959 Lucille Avenue
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Congestive Failure 420.0			INTERVAL BETWEEN ONSET AND DEATH 1 hour About 6 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Neoplasm of Right Kidney; Polycythemic Vera Idiopathica			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input 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 a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 Sept 1954 to March 22 1959 and last saw ^{her} him alive on March 22 1959 Death occurred at 10:00 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (D. degree or title) David J. Light DO		22b. ADDRESS 5738 W. Flourissant	
22c. DATE SIGNED MAR 23 '59		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE March 25 1959		23c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery	
23d. LOCATION (City, town, or county) St. Louis County, Missouri		(State)	
24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, Inc., 261 E. Fair Av		25. DATE RECD. BY LOCAL REG. MAR 23 '59	
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 M. Quay*

Licensed Embalmer No. *3732*

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