

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-042386
STATE FILE NUMBER

Registration District No. **218** Primary Registration District No. **1003** Registrar's No. **11319**

AMENDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		Length of stay in 1b 12 days	c. CITY OR TOWN Morse Mill
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Anthony Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Helen Middle L Last Fenton	4. DATE OF DEATH Month Dec. Day 3 Year 1961
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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 11/7/09	9. AGE (last birthday) 52	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St Louis Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Frank Rothweiler	13b. MOTHER'S MAIDEN NAME Edith McKnight	14. NAME OF HUSBAND OR WIFE Arlie M Fenton
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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) no	16. SOCIAL SECURITY NO.	17. INFORMANT Arlie M Fenton	Address Morse Mill, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Rheumatic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Embolic of Lvein		
DUE TO (c) 4/16x		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour 10 a.m. Month, Day, Year	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 St Louis	COUNTY Jefferson	STATE
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21. I attended the deceased from 1958 to Dec 2 and last saw her alive on 12/2/61 Death occurred at 12/3/61 10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE Dr. Grenet M.D.	22b. ADDRESS 5521 S. Redway	22c. DATE SIGNED 12/4/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12/5/61	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) St Louis County	(State) Mo.
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24. FUNERAL DIRECTOR John L Ziegenhein & Sons 7027 Gravois	25. DATE RECD. BY LOCAL REG. DEC 5 1961	26. REGISTRAR'S SIGNATURE Earl Smith. M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Donald Benz

Licensed Embalmer No. 4863

P. O. Address. St Louis Mo

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.