

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-003434

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 23

FILED JAN 16 1963

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59	1	DATE AMENDED	AMENDED
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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Mo.</u>		c. STATE <u>Missouri</u> COUNTY	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>1006 Walsh St.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>John W. Fehlmann</u>		4. DATE OF DEATH Month Day Year <u>Jan. 2, 1963</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Apr. 20, 1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman ret. 8 yrs.</u>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Adolph Fehlmann</u>		13b. MOTHER'S MAIDEN NAME <u>unk Michel</u>	14. NAME OF HUSBAND OR WIFE <u>Mary E. Fehlmann</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>		17. INFORMANT <u>Mary E. Fehlmann</u> Address <u>St. Louis, Mo. 1006 Walsh St.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Infarction</u> DUE TO (b) <u>Cardio Vascular Disease</u> DUE TO (c) <u>4201</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>6 Hrs.</u> <u>1 Mo.</u>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour a.m. p.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 COUNTY STATE	
21. I attended the deceased from <u>Dec. 6 1962</u> to <u>Jan. 2, 1963</u> and last saw her/him alive on <u>Jan. 2, 1963</u> . Death occurred at <u>8:45 A. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>W. H. Walters M.D.</u>		22b. ADDRESS <u>3608 So. Grand Blvd.,</u>	22c. DATE SIGNED <u>1/3/63</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>1-5-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cem.</u>	23d. LOCATION (City, town, or county) <u>Lemay, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Southern Funeral Home</u> <u>6322 S. Grand St. Louis, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>JAN 3 1963</u>	26. REGISTRAR'S SIGNATURE <u>Carl Smith, M.D.</u>

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT BY AFFIDAVIT OF

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ITEM NO. SHOULD READ

Dr Wm Hester

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:

David Tom Hensen

Licensed Embalmer No.

4242

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.