

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014156

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 842 STATE FILE NUMBER

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Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF SHOULD READ

DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

| | | | |
|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY ST. LOUIS | | 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 SPANISH LAKE | | Length of stay in Tb 2 MO. | |
| c. FULL NAME OF (If NOT in-hospital, give location) HOSPITAL OR INSTITUTION 1332-COLUMBUS-DR. | | d. STREET ADDRESS (If outside, give location) 2637A. IOWA-AV. | |
| 3. NAME OF DECEASED (Type or print) DONALD-FREDERICK-FEHRENBACH | | 4. DATE OF DEATH Month MARCH Day 8TH Year 1963 | |
| 5. SEX MALE | 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 6-5-1937 |
| 9. AGE (last birthday) 25 YRS. | | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ADVISER | | 10b. KIND OF BUSINESS OR INDUSTRY LACLEDE-GAS-CO. | |
| 11. BIRTHPLACE (City and state or country) ST. LOUIS-MO. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME ALVIN-L-FEHRENBACH | | 13b. MOTHER'S MAIDEN NAME HELEN-KENNEDY | |
| 14. NAME OF HUSBAND OR WIFE PATRICIA-FEHRENBACH | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address PATRICIA-FEHRENBACH-2637A. IOWA-AV. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HOOBKINS DISEASE | | | INTERVAL BETWEEN ONSET AND DEATH 3 YEARS. |
| Conditions, if any, which gave rise to above cause, (a), stating the underlying cause last. DUE TO (b) 201X | | | DUE TO (c) |
| 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 type="checkbox"/> No <input type="checkbox"/> Unknown |
| 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.) | |
| 20c. TIME OF INJURY Hour a.m. Month, Day, Year 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 JULY 1960 to PRESENT and last saw ^{her} him alive on 2/28/63 Death occurred at 9:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Thos. A. Pugh, M.D. | | 22b. ADDRESS 3720 WASHINGTON | |
| 22c. DATE SIGNED 3/9/63 | | 23. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | |
| 23b. DATE 3-11-1963 | | 23c. NAME OF CEMETERY OR CREMATORY CALVARY-CEMETERY | |
| 23d. LOCATION (City, town, or county) ST. LOUIS MO. | | 24. FUNERAL DIRECTOR ADDRESS Brockland Und. Co. 1827-HOGAN-ST | |
| 25. DATE RECD. BY LOCAL REG. 3-10-63 | | 26. REGISTRAR'S SIGNATURE John B. Murphy M.D. | |

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

Harry E. Monroe

Licensed Embalmer No. 4495

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.