MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-018509

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 40 00
2 214
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88

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1325

FILED MAY 8 1963

1. PLACE OF DEATH
a. COUNTY: ST LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: AFFTON
Length of stay in 1b: 6 WKS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: AFFTON NUR. HOME
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN: ST LOUIS
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 5167 EICHELBERGER
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First LENA Middle — Last FEY

4. DATE OF DEATH: Month APRIL Day 19 Year 1963

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-8-1885
9. AGE (last birthday): 77
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): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (City and state or country): NEW HAVEN MO
12. CITIZEN OF WHAT COUNTRY: U.S.A

13a. FATHER'S NAME: CHRIST LOEWE
13b. MOTHER'S MAIDEN NAME: ANNA HORST
14. NAME OF HUSBAND OR WIFE: JOHN P. FEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown): NO (If yes, give war or dates of): NO
17. INFORMANT: JOHN P. FEY Address: 5167 EICHELBERGER AVE ST. LOUIS MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Parkinson's disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): Arteriosclerosis cerebral
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Fractured hip. 350X

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) FELL AT HOME ABOUT 6 WKS. AGO.
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Oct 1961, to Apr 1963 and last saw her alive on Apr. 6, 1963
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Leroy F. Ortmeyer MD
22b. ADDRESS: 2623 Telegraph Rd
22c. DATE SIGNED: Apr 22, 1963

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: APR-22-1963
23c. NAME OF CEMETERY OR CREMATORY: ST TRINITY LUTHERAN CEM.
23d. LOCATION (City, town, or county) (State): LEMAY, MO

24. FUNERAL DIRECTOR: FEY FUNERAL HOME ADDRESS: MEHLVILLE MO
25. DATE RECD. BY LOCAL REG.: 4-21-63
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Gustav W Dietze

Licensed Embalmer No. 4329

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.