

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025844

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6252** STATE FILE NUMBER

FILED JUN 28 1963

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

| | | | | | | | | | | | |
|--|--|--|--|---|--|--|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b lifetime | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair | | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer Phillips Hospital | | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 400 State St. E. St. Louis | | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First EDWARD Middle FAHRENHOLZ Last | | | | | | 4. DATE OF DEATH Month June Day 12 Year 1963 | | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 9/19/1911 | | 9. AGE (last birthday) 51 | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker | | | | 10b. KIND OF BUSINESS OR INDUSTRY Woodworking | | 11. BIRTHPLACE (City and state or country) St. Louis, MO. | | 12. CITIZEN OF WHAT COUNTRY USA | | | |
| 13a. FATHER'S NAME Louis Fahrenholz | | | | 13b. MOTHER'S MAIDEN NAME Rose Klemp | | | | 14. NAME OF HUSBAND OR WIFE Never Married | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) NO | | | | | | 17. INFORMANT Address Sophie Helms 4700a Lee Avenue | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE: Generalized Peritonitis; Contributing cause; Gunshot wound of the abdomen; following gunshot wound suffered when shot by Police Officer during burglary of store at 5253 Nat'l Bridge on June 2, 1963. about 11:42 P.M. DUE TO (c) 11:42 P.M. 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 checked="" type="checkbox"/> NO <input type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) JUSTICE See Above | | | | | | | |
| 20c. TIME OF INJURY Hour 11:42 p.m. - 6-2-63 | | | | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) Store | | | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis, Mo. | | | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 12:15 A on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) <i>[Signature]</i> | | | | | | 22b. ADDRESS 1300 Clark | | | | 22c. DATE SIGNED 6-13-63 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | | | 23b. DATE 6/13/1963 | | 23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery | | | | 23d. LOCATION (City, town, or county) (State) St. Louis MO. | |
| 24. FUNERAL DIRECTOR ADDRESS SUEDMEYER & SON'S 3934 N. 20th Street | | | | | | 25. DATE RECD. BY LOCAL REG. JUN 13 1963 | | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> | | | |

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 Harvey Kahle

Licensed Embalmer No. 4596

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.