

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED APR 1 1946
Registration District No. **318** **317**

Primary Registration District No. **1003** **3069**

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
7703 Wise Ave
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
 (d) Street No. 7703 Wise Ave
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME LOUIS FEHR
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 22nd
 year 1946 hour 6:45 minute _____ A. M.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Roberta Fehr
 6. (c) Age of husband or wife if alive 47 years
 7. Birth date of deceased December 17th 1986
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 31 1945 to Mar 22 1946
 that I last saw him alive on Mar 20 46, 19____, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>3</u>	<u>5</u>	hr. _____ min. _____

Immediate cause of death Chrom. infarct cordis
 Due to Chrom. infarct cordis
 Due to 93d

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Salesmann

Other conditions Hypertension 180/180
(Include pregnancy within 9 months of death)
 Major findings: Of operations none
 Of autopsy none

MOTHER FATHER
 11. Industry or business Oil
 12. Name Henry Fehr
 13. Birthplace Germany
 14. Maiden name Catherine Leich
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) none
 (b) Date of occurrence _____
 (c) Where did injury occur? none
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
none
(Specify type of place)
 While at work? _____ (e) Means of injury none

16. (a) Informant Roberta Fehr
 (b) Address 7703 Wise Ave
 17. (a) Burial (b) Date thereof 3/25/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Peters

23. Signature Wm F Hamann M.D. (M. D. or other)
 Address 27397 Grand Date signed 3/22 1946

18. (a) Signature of funeral director CALVIN F. FEUTZ FUN. H.
 (b) Address 4821 NAT. BRIDGE AVE
 19. (a) MAR 22 1946 (b) John S. Sanderson
(Official Seal) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

9558

Dr. Harman
Funeral Home Co.
3-4

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed John A. Messer
Licensed Embalmer No. 4186
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 this body is not embalmed, fact should be so stated above.