MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

791

20200

5873

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis, Mo. (No. Jewish Hospital St. ..... Ward)

2. FULL NAME Fetsch, Ursula

(a) Residence. No. Flint Hill, Mo. St., 12 Ward. Flint Hill, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David Fetsch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 24, 1900

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	28	8	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home Duties
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Dardenne
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Henry Dickherbe

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dardenne
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Bolland

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dardenne
(STATE OR COUNTRY) Mo.

14. INFORMANT Henry Dickherbe
(Address) Flint Hill, Mo

15. FILED MAY 29 1929 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28th 1929

17. I HEREBY CERTIFY, That I attended deceased from 8:30 PM May 27, 1929, to 12:30 AM 5/28, 1929 that I last saw her alive on May 28, 1929, and that death occurred, on the date stated above, at 12:30 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Insufficiency 1 21
Chr. Myocarditis 9 32
Chr. Nephritis 1 33

..... (duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (SECONDARY) (C.P.C.) of lungs & liver
Chronic Passive Congestion of lungs & Liver due to Myocardial Insufficiency (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Yes

5/28, 1929 (Signed) John A. Rarch, M. D.
(Address) Jewish Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Flint Hill, Mo	May 31 1929

20. UNDERTAKER	ADDRESS
L. E. Pitman	Wentzville Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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