

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

Do not use this space.

42084

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis, Mo. (No. Lutheran Hospital)

File No.....  
Registered No. 11767  
St. .... Ward)

**2. FULL NAME** Katherine Fetzner

(a) Residence, No. 2716 S. Broadway St. 23 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

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

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred W. Fetzner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 3rd, 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	58	11	29	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER George Schmidt

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Fred W. Fetzner  
(Address) 2716 S. Broadway

15. FILED 19 Dec 27 1929 W. C. Barker REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 1, 1929

17. I HEREBY CERTIFY, That I attended deceased from 11-12, 1929, to Dec 1, 1929 that I last saw him alive on Dec 1, 1929, and that death occurred, on the date stated above, at 11:00 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Bilateral Pyonephrosis  
936  
135A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Ch. Myocarditis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Unknown  
IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? No DATE OF ...  
WAS THERE AN AUTOPSY? yes  
WHAT TEST CONFIRMED DIAGNOSIS? Post mortem  
(Signed) Janet E. ..., M. D.

Dec 2 1929 (Address) 2532 S Jefferson

\*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 Sunset Burial Park DATE OF BURIAL Dec. 4, 1929

20. UNDERTAKER Wacker-Heldrich ADDRESS 2331 S. Brdwy.

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.

PERMANENT RECORD

235  
1  
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