CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 29 1931

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

Do not use this space.

19177

File No.

Registered No. 45

1. PLACE OF DEATH

County St. Louis — Registration District No. 786

Township CENTRAL — Primary Registration District No. 4469

City BRENTWOOD MO. (No. HANLEY ROAD - 2 Blocks No. of MANCHESTER ROAD. Ward)

2. FULL NAME ARNOLD FIECHTMAN.

(a) Residence. No. HANLEY ROAD - 2 blocks N. of MANCHESTER ROAD. St. Ward
(Usual place of abode) (If nonresident, give city or town and State)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	DIVORCED

5A. IF ~~MARRIED, WIDOWED, OR~~ DIVORCED HUSBAND OF ~~(OR) WIFE~~ OF KATE FIECHTMAN

6. DATE OF BIRTH (MONTH, DAY AND YEAR) FEB-1-1854.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	72	3	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work LABORER-BRICKYARD.

(b) General nature of industry, business, or establishment in which employed (or employer) 4'

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) ST. LOUIS .. MO.

PARENTS

10. NAME OF FATHER WILLIAM FIECHTMAN

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

12. MAIDEN NAME OF MOTHER UNKNOWN

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

14. INFORMANT MRS. ANNA SCHREIDER
(Address) 2031 BIG BEND ROAD.

15. FILED 5/14 1931 Mercedes Schuster
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/11 1931

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 7:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis

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

CONTRIBUTORY (SECONDARY)

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH St. Louis County

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) John O'Donnell M.D.

5/13 1931 (Address) Coroner of St. Louis County

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL CALVARY CEM.

DATE OF BURIAL MAY 14 1931

20. UNDERTAKER CROCKAN UND. CO. INC.

ADDRESS 7146 MANCHESTER