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.

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

Do not use this space.

23594

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. St. John's Hospital St. ..... Ward)

File No. .....

Registered No. 7110

2. FULL NAME Henry Fechtler

(a) Residence. No. 754 Ponce Ave. Ward. 8
(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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 11, 1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	43	3	16	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Motorman

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

(c) Name of employer P. S. Co.

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

PARENTS

10. NAME OF FATHER Henry Fechtler

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

12. MAIDEN NAME OF MOTHER Maria Sturhahn

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

14. INFORMANT Augusta Fechtler
(Address) 754 Ponce Ave

15. FILED JUN 27 1931 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) JUN 27 1931 19

17. I HEREBY CERTIFY, That I attended deceased from June 27, 1931, to June 27, 1931, that I last saw him alive on June 27, 1931, and that death occurred, on the date stated above, at 5:15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chr. Myocarditis

93 C

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

CONTRIBUTORY (SECONDARY) 93 C

(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? .....

(Signed) Robt Hyland, M. D.

6-28-, 1931 (Address) 3901 Parkan

*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
New Bethlehem	6/29 1931

20. UNDERTAKER	ADDRESS
Theo. H. Beiderwieden	St. Louis 1936