JUL 31 1937

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

Do not use this space.

File No. 24951
Registered No. 135

1. PLACE OF DEATH
County St. Louis
Township Jefferson
City Richmond Heights, Mo. (No. 7556 Hiawatha St. Ward)

Registration District No. 1170
Primary Registration District No. 6248-H.

2. FULL NAME Barbara Fetsch

(a) Residence, No. 7556 Hiawatha 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)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF Ben P. Fetsch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29th, 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
30	64	2	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Peters,
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Charles Hoelter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Ray P. Fetsch
(ADDRESS) 7556 Hiawatha Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Flint Hill, Mo. DATE June 26th, 1937

19. UNDERTAKER Albert H. Hoppe Inc.,
(ADDRESS) 429 N. Euclid Avenue

20. FILED June 22, 1937. Sam A. Bassett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22nd, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1937, to June 22, 1937
I last saw her alive on 6/21, 1937. Death is said to have occurred on the date stated above, at 4:30 mA.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	6 mo

Other contributory causes of importance:
Dementia Senilis

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Julius Chas. Rotter, M. D.
(Address) 2603 Chouteau

Julius Charles Rotter, M.D.

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.