

LEAVE NOV 16 1938

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

33998  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791  
 (b) Township \_\_\_\_\_ Primary Registration District No. 1003  
 (c) City St. Louis (d) Street No. 4064 Miami Registered No. 8984  
 (e) Length of residence in city or town where death occurred 27 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bernard M. Fechter

(a) Residence, No. 4064 Miami St. 16 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marie Fechter  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 1911  
 7. AGE YEARS MONTHS DWS If LESS than 1 day, hrs. or min. 27 3 7  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Brewery Worker  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) Sept 30, 1938 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo  
 PATHER 13. NAME Anthony Fechter  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo  
 MOTHER 15. MAIDEN NAME Bertha Neffman  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Marie Fechter 4064 Miami  
 18. BURIAL, CREMATION, OR REMOVAL PLACE New SS. Peter + Paul DATE 10-17-38  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Oscar J. Hoffmeister 406 Chippewa St. J. Bredeck  
 20. FILED OCT 14 1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1938, to October 13, 1938.  
 Last saw him alive on October 13, 1938. Death is said

to have occurred on the date stated above, at 10 P. m.  
 The principal cause of death and related causes of importance were as follows:

Chronic Nephritis  
Diabetes Mellitus  
 Date of onset \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) Carl P. Pender  
 (Address) 1454 S. Grand Blvd.

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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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*Edwin H. Leiblinger*

Licensed Embalmer No.....

*4049*

P. O. Address.....

*4016 Chippewa*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**