

REC'D FEB 10 1939

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

136  
 Do not use this space.

791  
 1003

136

**1. PLACE OF DEATH**

(a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No.....  
 (c) City St. Louis Mo. (d) Street No. Missouri Baptist Hospital. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Elmer E. Fechtler

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

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov, 9 1924.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
14 1 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil.  
 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)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Beaufort Mo.  
 (STATE OR COUNTRY)

FATHER 13. NAME Fritz Fechtler

14. BIRTHPLACE (CITY OR TOWN) Beaufort Mo.  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Emma Rapps

16. BIRTHPLACE (CITY OR TOWN) Union Mo.  
 (STATE OR COUNTRY)

17. INFORMANT Fritz Fechtler  
 (ADDRESS) Beaufort Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Jeffresburg Mo. DATE Jan 3, 1938.

19. FUNERAL DIRECTOR (NAME) Albert H Hoppe.  
 (ADDRESS) 4700 Washington Blvd.

20. FILED JAN 4 1939 J. D. Brueck  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1938, to Jan 1, 1939

I last saw him alive on Dec 31, 1938. Death is said to have occurred on the date stated above, at 12:18 A.M.

The principal cause of death and related causes of importance were as follows:

Peritonitis, general

Other contributory causes of importance:  
Appendicitis, acute general

Name of operation Appendectomy Date of 12/31/38  
 What test confirmed diagnosis? Operation 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 ..... No

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify  
 (Signed) Adrian Schipper, M. D.  
 (Address) 4500 Olive

Date of onset

Dec 31 1938

12/31/38

1961  
1961

**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

*Albert S. Hoyle*

Licensed Embalmer No. ....

2971

P. O. Address.....

**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.**