

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

Do not use this space.

1. PLACE OF DEATH

County St. Charles  
Township Dardenne  
City St. Peters

2  
Registration District No. 760 B  
Primary Registration District No. 1001

1939

File No. ....  
Registered No. 109  
St. .... Ward)

2. FULL NAME 320 Anna H. Fetsch

(a) Residence, No. St. Peters Mo. St. Ward.

(Usual place of abode) Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Leo Fetsch</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Nov. 23, 1892</b>		
7. AGE YEARS <b>47</b>	MONTHS <b>5</b>	DAYS <b>27</b>
If LESS than 1 day, ..... hrs. or ..... min.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 19, 1940**

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1939 to May 19 1940.  
I last saw her alive on May 19 1940. Death is said to have occurred on the date stated above, at 2 A. m.  
The principal cause of death and related causes of importance were as follows:

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Housewife</b>
	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) <b>Dec. 1939</b>
	11. Total time (years) spent in this occupation

**Carcinoma of stomach.**

Other contributory causes of importance: 46

Date of onset 1935

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>St. Peters, Mo.</b>
	13. NAME <b>Henry Goltermann</b>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>
	15. MAIDEN NAME <b>Anna Eike</b>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>St. Peters, Mo.</b>

Name of operation none Date of .....  
What test confirmed diagnosis? X-Ray Was there an autopsy? .....

17. INFORMANT **Leo Fetsch**  
(ADDRESS) St. Peters Mo

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.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **St. Peters, Mo.** DATE **5-22-40**

Manner of injury .....  
Nature of injury .....

19. UNDERTAKER **Geo. Stiefvater**  
(ADDRESS) **St. Peters, Mo.**

24. Was disease or injury in any way related to occupation of deceased? Yes  
If so, specify .....  
(Signed) Nicholas J. Honick M. D.

20. FILED May 21, 1940 E. A. Keutley  
Registrar.

(Address) 682 O'Fallon, Mo

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.

