

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33985
State File No. 8682
Registrars No.

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County. St. Louis
(b) City or town. St. Louis
(c) Name of hospital or institution: Depaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULLNAME Florence E. Fetzner

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Herman L. Fetzner 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Nov. 12th 1893 (Month) (Day) (Year)

8. AGE: Years 46 Months 11 Days 7 If less than one day hr. min.

9. Birthplace St. Louis Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Unknown Weinheimer

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Louisa Hein (City, town, or county) (State or foreign country)

15. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Herman L. Fetzner

(b) Address 5428 Wren Ave.

17. (a) Burial (b) Date thereof 10-22-40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul's Churchyard Kriegshauser Mortuaries

18. (a) Signature of funeral director 4228 So. Kingshighway Blvd. (b) Address

19. (a) OCT 21 1940 (b) J. F. Bechtel (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis 7
(If outside city or town limits, write "RURAL")
(d) Street No. 5428 Wren Ave. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19th year 1940 hour 6:15 minute A.M. M.

21. I hereby certify that I attended the deceased from 7/13/40, 19, to 10/19/40, 19, that I last saw her alive on 10/19/40 and that death occurred on the date and hour stated above.

Immediate cause of death
Cyst of Cervix
non malignant
Due to

Due to 5428

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Cyst of Cervix
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Means of injury

23. Signature J. F. Bechtel (M. D. or other)
Address 4952 Mainland Date signed 10/21/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Klemme
4952 Maryland Ave.
f00673

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 M. Klemme
Licensed Embalmer No. *3024*

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, fact should be so stated above.