. S. No. 2
00M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39782

FILED DEC 29 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11381

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4349 Gertrude Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 67
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17 V

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4349 Gertrude Ave.,
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Carrie Fette

3. (b) If veteran, name war no

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 Charles Fette

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased December 1st 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 18 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 home

FATHER
12. Name Adolph Feltrup
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Wohlschlager
15. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Fette
(b) Address 4349 Gertrude Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/1943
(Month) (Day) (Year)

(c) Place: Burial or cremation New Picker

18. (a) Signature of funeral director Henry Wiedenmeller
(b) Address 6203 Gravois Ave.,

19. (a) DEC 20 1943 (Date received local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19
year 1943 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 15, 1943, to Dec 19, 1943;
that I last saw her alive on Dec. 18, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia — Duration 5 days

Due to Influenza

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

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 W. Wagenbach (M. D. or other)
Address 4738 Gravois Av Date signed 12/20/43

(Licensed Embalmer's Statement on Reverse Side)

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 John W Ogonowski

Licensed Embalmer No. 3398

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.