

FILED MAY 13 1944

Registration District No. 377

Primary Registration District No. 3063

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Bridgton Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural DOA St. Louis Co. Hosp.
(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 FULL NAME Michael Fetter
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Male Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 3, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 6 6 _____ hr. _____ min.

9. Birthplace Fulda Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Retired RR Shopman

11. Industry or business _____
12. Name Andrew Fetter
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Duvalt
15. Birthplace Unknown France
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Fitzgerald
(b) Address Webster Groves, Mo.

17. (a) Burial (b) Date thereof 5/12/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 S. Grand Bl.

19. (a) MAY 11 1944 (b) E. J. Mc Gowan, M.D.
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 712 N. 7th St. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1944 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease; bronchopneumonia

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations 934
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) _____
(e) Means of injury Heart
Signature J. W. Eason (M. D. or other) _____
Address Law Firm Henry Dejeu signed _____

Dr. Ryfogal

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.....

Nancy A. Stewart

Licensed Embalmer No. **3722**

P. O. Address **St. Louis, Mo.**

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

If this body is not embalmed, fact should be so stated above.