

No. 2  
-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42289

State File No. \_\_\_\_\_

FILED JAN 11 1946

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 202

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution:  
1145 South Benton  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

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

(d) Street No. 1145 South Benton  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME August Fethke

3. (b) If veteran, name war NIL

3. (c) Social Security No. NIL

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Louise (Sonderman) Fethke

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased July 4 1871  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	5	25	hr. _____ min.

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

10. Usual occupation Blacksmith

11. Industry or business American Car & Fdy Co

12. Name August Fethke

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

14. Maiden name Unknown

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant William Fethke (son)

(b) Address 1145 S. Benton-St. Charles, Mo

17. (a) burial (b) Date thereof 12-31-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns-St. Charles

18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co

(b) Address 800 N. 2nd-St. Charles, Mo.

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29  
year 1945 hour 3:15 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from Aug 19 40  
\_\_\_\_\_ 19 \_\_\_\_\_ to Dec 29 19 45  
that I last saw him alive on Dec 29 19 45  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Failure Duration 2 hrs

Due to chronic myocardial degeneration

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 930

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) \_\_\_\_\_

23. Signature Vernon A. Schmidt (M. D. or other) MD

Address St Charles, Mo Date signed 12/31/45

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

9/2  
9  
3  
0

1663

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-10-46.

---

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.....

Philip A. Miceli....., Registered Apprentice No. 388  
working under my personal supervision.

Signed John E. Dallmeyer.....

Licensed Embalmer No. 2957.....

P. O. Address: St Charles Mo.....

**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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. JanRegistrar's No. 202Registration District No. 310Primary Registration District No. 3058

## 1. PLACE OF DEATH:

(a) County St. Charles  
 (b) City or town St. Charles  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1145 South Benton  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community NIL years, months or days)

3. (a) PRINT  
FULL NAME August Fethke

3. (b) If veteran, name war NIL 3. (c) Social Security No. NIL

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Louise Donderman Fethke 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 4, 1871  
 (Month) (Day) (Year)

8. AGE: Years 74 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace unknown Germany  
 (City, town, or county) (State or foreign country)

10. Usual occupation Slacker Smith

11. Industry or business American Cor Fody Co.

12. Name August Fethke

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

14. Maiden name unknown

15. Birthplace unknown Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant William Fethke Son

(b) Address 1145 Benton St. C. Charles

17. (a) Burial (b) Date thereof 12/31/45  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John Cemetery

18. (a) Signature of funeral director H. C. Wallingford

(b) Address 900 N 2nd St. C. Charles

19. (a) 1945 (b) Fannie Hamilton  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles  
 (c) City or town St. Charles  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1145 South Benton  
 (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 29  
 year 1945 hour 11:45 minute 0 M.

21. I hereby certify that I attended the deceased from Aug 1940  
 to Dec 29, 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

congestive Heart Failure Duration 2 m.

Due to Chronic Myocardial Degeneration

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_

23. Signature V. A. Schmidt (M. D. or other) \_\_\_\_\_

Address St. Charles Mo Date signed 12/31/45

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

STIPPLED

42289