

No. 2
12-45
-17-39
X47070

FILED DEC 6 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:
4416 S. Broadway
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME EMELIA FETT

3. (b) If veteran, name war -----

3. (c) Social Security No. -----

4. Sex 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..... Sept. 10, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

83 2 13 hr. min.

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

10. Usual occupation..... Housework

11. Industry or business..... At. Home

12. Name..... John Fett

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

14. Maiden name..... Augusta Hoffman

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

16. (a) Informant..... Amalia Fett

(b) Address..... 4416 S. Broadway

17. (a) Burial (b) Date thereof..... Nov. 26, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Sunset Burial Park

18. (a) Signature of funeral director..... G. Hoffmeister U. & L. Co.

(b) Address..... 7814 S. Broadway

19. (a) Nov 26 (b) J. F. Beck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... 13

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

(d) Street No. 4416 S. Broadway
(If rural, give location) 15

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23
year 1947 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from
8-6- 1943 to 11-23- 1947
that I last saw her alive on 11-21- 1947
and that death occurred on the date and hour stated above.

Immediate cause of death..... CHRONIC MYO CARDIIS

Due to..... MITRAL ENDOCARDITIS

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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.....

Signature..... Roman J. Franz (M. D. or other) M.D.

Address..... 4500 VIRGINIA Date signed 11-26-47

Duration
4 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1:30 - 4 P m

4500 Washington
St. 35500
5218 Vermont
St. 5921

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 Harry J. Schumaker
Licensed Embalmer No. 2679

P. O. Address 7814 1/2 Broadway

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.