S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 31 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 43010

Registrar's No. 11539

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Christian Hospital
(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)
In this community 78 yrs. 2 months, 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 0-0-0
(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL")
(d) Street No. 8 8627 Partridge Avenue 9
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANNA FETTERS
3. (b) If veteran, name war No
3. (c) Social Security No. none
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife David Fetters
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased October (Month) 9th (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
78	2	8	hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business None
MOTHER FATHER
12. Name Peter Stein
13. Birthplace Unk (City, town, or county) Germany (State or foreign country)
14. Maiden name Wilhelmine Losemann
15. Birthplace Unk (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mrs Evelyn Bareis
(b) Address 8627 Partridge Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery
18. (a) Signature of funeral director Suedmeyer & Sons
(b) Address 3934 No. 20th street
19. (a) DEC 18 1947 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17 year 1947 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from 11-24, 1947 to 12-17, 1947 that I last saw him alive on 12-17, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Nephro Sclerosis	2 m.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 0

23. Signature Geo. A. Mellis (M. D. or other)
Address 2739 N. Grand Date signed 12-18-47

Jefferson City Printing Co.

(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 Neville B. Frohwitter

Licensed Embalmer No. 3696

P. O. Address 3934 No 20th St.

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.