FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 13 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27681 7531

Primary Registration District No. 100

Registrar's No.

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: Lutheran Hospital 6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 5 Days (Specify whether)

In this community: (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 96

(c) City or town: Richmond Hts. (If outside city or town limits, write "RURAL") 8

(d) Street No.: 1123 Bellevue Ave (If rural, give location) 2

(e) Citizen of foreign country? (Yes or No) N. R. 1

If yes, name country:

3. (a) PRINT FULL NAME: John Paul Fechter Jr.

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: male

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: June (Month) II (Day) 1948 (Year)

8. AGE: Years | Months: I | Days: I5 | If less than one day: hr. min.

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

10. Usual occupation:

11. Industry or business:

MOTHER FATHER

12. Name: John Fechter

13. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)

14. Maiden name: Patricia Krause

15. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: John Fechter

(b) Address: 1123 Bellevue Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 28 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Cochrane Bro

(b) Address: 3320 N. Kingshighway

19. (a) AUG 27 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug day: 26 year: 1948 hour: II minute: 07 P.M.

21. I hereby certify that I attended the deceased from Birth, 19..., to 8/26/48, 19...; that I last saw him alive on 8/26/48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Inspiration of regurgitated feeding & Strangulation — Duration: 5 minutes

Due to:

Due to:

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

Major findings: Of operations: Ramstedt for pyloric stenosis. P.O. Course Uneventful

Of autopsy: Refused by family

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: Walter H. Hanson M.D. (M. D. or other)

Address: 2105 S. Grand Date signed: 8/27/48

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
M—10-47
5-17-39
I 3906

Dr. Hoefer
3108 S. Grand

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 J. Allen Davis

Licensed Embalmer No. 4053

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.