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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34115

FILED OCT 30 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8998

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: Enroute City Hospital 3
(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 17

(c) City or town St Louis 4
(If outside city or town limits, write "RURAL")

(d) Street No. 2059 a Ann Av 6
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 23

If yes, name country

3. (a) PRINT FULL NAME Walter F Fatchett

3. (b) If veteran, name war

3. (c) Social Security No. 489-01-5709

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Genevieve

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased July (Month) 26 (Day) 1910 (Year)

8. AGE: Years 38 Months 2 Days 21 If less than one day hr. min.

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

10. Usual occupation Chauffeur

11. Industry or business

FATHER
12. Name John Fatchett
13. Birthplace Belgrade Mo (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Elizabeth Aubuchon
15. Birthplace St Louis Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant Genevieve Fatchett
(b) Address 2059a Ann Av

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/20/48 (Month) (Day) (Year)
(c) Place: burial or cremation New Picker Cem

18. (a) Signature of funeral director Wm C Mondell Und
(b) Address 1926 Allen Av

19. (a) OCT 18 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17
year 1948 hour 12:17 minute A M.

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

Immediate cause of death 1st, 2nd & 3d degree burns of 95% of body, when the truck which he was driving was struck by an automobile driven by one Deo Pender who was driving west on Chouteau Ave. at an excessive high rate of speed through an automatic traffic signal which was in favor of north and south-bound traffic at the intersection of 12th & Chouteau, around 12:17 A.M. Oct. 17, 1948.

Duration

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings
Impact of accident caused the truck to brake into flames

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) Accident

(b) Date of occurrence Oct. 17, 1948

(c) Where did injury occur? St. Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)

While at work? no

(e) Means of injury see above

23. Signature Alfred [illegible] (M. D. or other)

Address Date signed 10/18/48

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.....

.....me....., Registered Apprentice No.....,

working under my personal supervision.

Signed Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

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.