

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20995

State File No. 4941

318

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|--|-------------------------------|---|---|--|---|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (In this place) <u>4 62 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | 17 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bernard Nursing Home</u> | | | | d. STREET ADDRESS (If rural, give location) <u>76 - 3866 South Spring</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Emilie</u> | | a. (First <u>Emilie</u> (Middle) _____) c. (Last) <u>Fecht</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 4, 1949</u> | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>February 26, 1861</u> | | 9. AGE (In years last birthday) <u>88</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Tonawanda, New York</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>August Hoge</u> | | 13b. MOTHER'S MAIDEN NAME <u>Carolina Pauley</u> | | 14. NAME OF HUSBAND OR WIFE <u>Richard Fecht</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clarence Fecht, 3866 South Spring</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia (Tubercular)</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerosis Heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Cerebral Arteriosclerosis</u> Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>2-4 yrs</u> <u>1-2 yrs</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>108</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>490K</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>March, 1942</u> to <u>June, 1949</u> , that I last saw the deceased alive on <u>June 4th, 1949</u> , and that death occurred at <u>11:20P m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Samuel A. Wunsch M.D.</u> | | | | 23b. ADDRESS <u>33 N. Meramec Clayton Mo.</u> | | 23c. DATE SIGNED <u>6-6-49</u> | |
| 24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>June 8, 1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Matthew Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>JUN 7 1949</u> | | REGISTRAR'S SIGNATURE <u>J. B. ...</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Beiderwieden F.H. Inc., 1936 St. Louis Ave.</u> | | | |

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

Dr. Girard A. Munac
33 No. Meramec

2-4

JUN 7 1949

Separate Emb Cert to be filed

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. _____

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.