

FILED AUG 13 1949

STANDARD CERTIFICATE OF DEATH

State File No. 24976
6727

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6727

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis, Missouri | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Sportsmens Park Grand and Sullivan Avenues | | 16 4138 Wyoming Street | |

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|---|----------------|-------------------|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Anthony | b. (Middle) E. | c. (Last) Fechter | 4. DATE OF DEATH (Month) (Day) (Year) July 30th, 1949 |
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|-------------|------------------------|---|---------------------------------|------------------------------------|------------------|--------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED; (Specify) Widowed | 8. DATE OF BIRTH July 8th, 1869 | 9. AGE (In years last birthday) 80 | # UNDER 1 YEAR 0 | # UNDER 24 HRS. 22 |
|-------------|------------------------|---|---------------------------------|------------------------------------|------------------|--------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Saint Louis, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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|------------------------------------|-----------------------------------|---|
| 13a. FATHER'S NAME Bernard Fechter | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Late Bertha Fechter nee Kleffmann |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leona Fechter, 4138 Wyoming Street |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH 30 minutes |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senescent arteriosclerosis DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) No | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 97 |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 4370 |
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22. I hereby certify that I attended the deceased from January, 1947, to July 30, 1949, that I last saw the deceased alive on July 18, 1949, and that death occurred at 9:40 P.m., from the causes and on the date listed above.

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| 23a. SIGNATURE Bernard T. Kon (Degree or title) M.D. | 23b. ADDRESS 4755 Magnolia Road St. Louis, Mo. | 23c. DATE SIGNED Aug 1, 1949 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 8/3/49 | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 24d. LOCATION (City, town, or county) (State) Saint Louis, Missouri |
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| DATE REC'D BY LOCAL REG. AUG 2 1949 | REGISTRAR'S SIGNATURE J. B. Pasater | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd. |
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(Licensed Embalmer's Statement on Reverse Side)

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



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 Ralph E. Linders.....

Signed.....

Student Embalmer

Licensed Embalmer No. 4275.....

P. O. Address St Louis, Mo.....

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.