

FILED MAY 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18027**
4622
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 St Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros Hospital		d. STREET ADDRESS (If rural, give location) 1925 Allen Av	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) R c. (Last) Fatchett		4. DATE OF DEATH (Month) (Day) (Year) May 15 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct 23 1884
9. AGE (In years last birthday) 66		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) Inspector		10b. KIND OF BUSINESS OR INDUSTRY Cupples Co	11. BIRTHPLACE (State or foreign country) Irondale Missouri
12. CITIZEN OF WHAT COUNTRY? U S			

13a. FATHER'S NAME John R Fatchett		13b. MOTHER'S MAIDEN NAME Katherine McCarren		14. NAME OF HUSBAND OR WIFE Zora (Deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Audrey Handing 1925 Allen Av	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 week	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		1 year	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H201	
22. I hereby certify that I attended the deceased from 5-10 , 19 51 , to 5-15 , 19 51 , that I last saw the deceased alive on 5-14 , 19 51 , and that death occurred at 4 a m., from the causes and on the date stated above.					

23a. SIGNATURE B. J. Mc Ginnish (Degree or title)		23b. ADDRESS 16 Hampton Keeble Plaza		23c. DATE SIGNED 5-15-51	
24a. BURIAL CREMATION REMOVAL (Specify) Cremation		24b. DATE 5/18/51		24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory	
		24d. LOCATION (City, town, or county) (State) St Louis Missouri			

DATE REC'D BY LOCAL REG. MAY 17 1951		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moydell Funeral Home 1926 Allen Av	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

57
1-10-11

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

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed Dale A. Stearns

Licensed Embalmer No. 4533

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.