

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3070**
Registrar's No. **0291**

FILED JAN 28 1953

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 Mo b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (In this place) 3 wks.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Word Hospital			d. STREET ADDRESS (If rural, give location) 4539 Flad		
3. NAME OF DECEASED (Type or Print) a. (First) Georgianna		b. (Middle) _____		c. (Last) Fechtler	
4. DATE OF DEATH (Month) (Day) (Year) Jan 10, 1953					
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec 4, 1878		9. AGE (In years, by birthday) 74 # UNDER 1 YEAR Months Days # UNDER 10 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (City and State or Foreign Country) Moscow Mills, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME Alexander Cochran		13b. MOTHER'S MAIDEN NAME Mary Wade		14. NAME OF HUSBAND OR WIFE Frank H Fechtler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Sue Griffin	
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) Pneumonia Relapsing Pneumonia Infection Pyocarditis DUE TO (b) _____ DUE TO (c) Pleural Effusion II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
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)	
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? 492x	
22. I hereby certify that I attended the deceased from Dec 16, 1952 to Jan 10, 1953 , that I last saw the deceased alive on Jan 10, 1953 , and that death occurred at 2:30 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE OF REGISTRAR J. L. Ziegenhein		23b. ADDRESS 1504 S. Grand		23c. DATE SIGNED 1/10/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/12/53		24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery	
24d. LOCATION (City, town, or county) St Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE J. L. Ziegenhein & Sons			
DATE REC'D BY LOCAL JAN 12 1953		ADDRESS 7027 Gravois			

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.

Student
Student Embalmer

Signed

Nevelle B. Prodwetter

Licensed Embalmer No. *3696*

P. O. Address

7027 Shavies

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.