

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3074  
State File No. 1003  
Registrar's No. 0908

FILED FEB 11 1953

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| BIRTH NO.                                                                                                                                                                                                                                                                          |  | REG. DIST. NO.                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | PRIMARY REG. DIST. NO.                                                                                                   |  | Registrar's No.                                                          |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo</u><br>b. COUNTY |  |                                                                          |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>St Louis</u>                                                                                                                                                                                            |  | c. LENGTH OF STAY (in this place)                                                                                                                                                                                                                                                                                                                                                                                                                  |  | c. CITY (If outside corporate limits write RURAL and give township)<br><u>St Louis</u>                                   |  | 2189                                                                     |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Mo. Pacific Hospital</u>                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | d. STREET ADDRESS (If rural, give location)<br><u>3545 a Vista Ave</u>                                                   |  |                                                                          |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Nell</u>                                                                                                                                                                                                                      |  | b. (Middle) <u>Ellen</u>                                                                                                                                                                                                                                                                                                                                                                                                                           |  | c. (Last) <u>Fetter</u>                                                                                                  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>1 24 53</u>                  |  |
| 5. SEX <u>F</u>                                                                                                                                                                                                                                                                    |  | 6. COLOR OR RACE <u>W</u>                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>                                                 |  | 8. DATE OF BIRTH<br><u>Feb 15, 1888</u>                                  |  |
| 9. AGE (In years last birthday)<br><u>64</u>                                                                                                                                                                                                                                       |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>                                                                                                                                                                                                                                                                                                                                    |  | 10b. KIND OF BUSINESS OR INDUSTRY                                                                                        |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Hannibal Mo</u> |  |
| 12. CITIZEN OF WHAT COUNTRY?                                                                                                                                                                                                                                                       |  | 13a. FATHER'S NAME<br><u>Edward Mallia</u>                                                                                                                                                                                                                                                                                                                                                                                                         |  | 13b. MOTHER'S MAIDEN NAME<br><u>Mary Griffin</u>                                                                         |  | 14. NAME OF HUSBAND OR WIFE<br><u>Fred Phillip Fetter</u>                |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, (specify))<br><u>NO</u>                                                                                                                                                                                                      |  | 16. SOCIAL SECURITY NO.<br><u>None</u>                                                                                                                                                                                                                                                                                                                                                                                                             |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Fred Fetter</u>                                                                  |  |                                                                          |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Acute congestive Heart Failure</u><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Coronary artery disease</u><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |                                                                                                                          |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 day</u><br><u>3 years</u>       |  |
| 19a. DATE OF OPERATION                                                                                                                                                                                                                                                             |  | 19b. MAJOR FINDINGS OF OPERATION                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                          |  | 20. AUTOPSY?<br>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) (Min.)                                                                                                                                                                                                                             |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                             |  | 21f. HOW DID INJURY OCCUR?<br><u>4201</u>                                                                                |  |                                                                          |  |
| 22. I hereby certify that I attended the deceased from <u>Jan.</u> , 19 <u>50</u> , to <u>Jan 24</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Jan 24</u> , 19 <u>53</u> , and that death occurred at <u>7 A</u> m., from the causes and on the date stated above. |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                          |  |                                                                          |  |
| 23a. SIGNATURE<br><u>Lee B. Harrison M.D.</u>                                                                                                                                                                                                                                      |  | (Degree or title)                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 23b. ADDRESS<br><u>607 No. Grand</u>                                                                                     |  | 23c. DATE SIGNED<br><u>1-24-53</u>                                       |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>                                                                                                                                                                                                                        |  | 24b. DATE<br><u>1-24-53</u>                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Hannibal, Missouri</u>                                                          |  | 24d. LOCATION (City, town, or county) (State)                            |  |
| DATE REC'D BY LOCAL REG.<br><u>JAN 26 1953</u>                                                                                                                                                                                                                                     |  | REGISTRAR'S SIGNATURE<br><u>J. Carl Smith</u>                                                                                                                                                                                                                                                                                                                                                                                                      |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Albert H. Hoppe, 4700 Washington</u>                                      |  |                                                                          |  |

(Licensed Embellisher's Statement on Reverse Side)

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

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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

*Robert M. Murray*

Licensed Embalmer No. *3749*

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.