

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **37169**
Registrar's No. **9674**

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 town) OR St. Louis, Missouri		c. LENGTH OF STAY (In this place) 60 Years		c. CITY OR TOWN St. Louis, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 2107 A South Jefferson		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) Maria		b. (Middle) A.		c. (Last) Fecher	
4. DATE OF DEATH (Month) (Day) (Year) October 7, 1953		e. STREET ADDRESS (If rural, give location) 23 2107 A. South Jefferson			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 11, 1872	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 1 Days 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Ohio	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Unk.		13b. MOTHER'S MAIDEN NAME Unk.	
14. NAME OF HUSBAND OR WIFE George A. Fecher		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NO.	
17. INFORMANT'S SIGNATURE OR NAME St. Louis, MO. George A. Fecher, 2107A. South Jefferson		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy		ANTECEDENT CAUSES (b) Hypertensive Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 12 hrs.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Myocardial infarction		7+ years	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		6 years			
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 443x	
22. I hereby certify that I attended the deceased from 11-24-1946 to 10-7-1953 , that I last saw the deceased alive on 10-7-1953 and that death occurred at 4:40 Am. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Geo A. Seck MD		23b. ADDRESS 7373 Lafayette St. Louis		23c. DATE SIGNED 10/8/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE 10-10-1953		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	
24d. LOCATION (City, town, or county) (State) St. Louis, County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin's, 2301 Lafayette, St. Louis, Mo			
DATE REC'D BY LOCAL REG. OCT 10 1953		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin's, 2301 Lafayette, St. Louis, Mo	

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.....
Signature of Student Embalmer

Signed *H. G. Farris*.....

Licensed Embalmer No. *338*
P. O. Address *230 Lafayette*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.