

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

7176

State File No.

No. 300
10-48

BIRTH MO. **FILED FEB 18 1954** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **209**

1. PLACE OF DEATH a. COUNTY St. Louis b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Richmond Heights c. LENGTH OF STAY (in this place) 5 hours d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 4093 Quincy	
3. NAME OF DECEASED (Type or Print) ALBERT a. (First) J. b. (Middle) Fettig c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) January 22, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 30, 1904
9. AGE (In years last birthday) 49 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 100 HRS.: Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Telephone repairman		10b. KIND OF BUSINESS OR INDUSTRY Bell T. Co.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME August Fettig	
13b. MOTHER'S MAIDEN NAME Johanna Mein		14. NAME OF HUSBAND OR WIFE Laura	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) No (If yes, give unit or dates of service) None		16. SOCIAL SECURITY NO. 488-07-482	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Laura Fettig		ADDRESS 4093 Quincy St.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Coronary Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease DUE TO (c) Atherosclerosis 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"/>		443X	
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?	
22. I hereby certify that I attended the deceased from <u>Jan 21, 1954</u> , 19 <u>45</u> , to <u>Jan 22, 1954</u> , that I last saw the deceased alive on <u>Jan 21, 1954</u> , and that death occurred at <u>2:30 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>[Signature]</i>		23b. ADDRESS 604 North Grand Blvd	
23c. DATE SIGNED 1-22-54		24a. LOCATION (City, town, or county) St. Louis	
24a. BURNAL, CREMATION REMOVAL (Specify) Burial		24b. DATE Jan. 25, 1954	
24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) Watson & McKenzie Rd., Co., Mo.	
DATE REC'D BY LOCAL REG. 1/24/54		REGISTRAR'S SIGNATURE <i>[Signature]</i>	
25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister		ADDRESS 781 1/2 S. Broadway	

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

(Licensed Embalmer's Statement on Reverse Side)

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 *Louis C. Hoffmann*

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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.