

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 4 - 1955

State File No. **23700**
Registrar's No. **6169**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 23700		Registrar's No. 6169		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St. Louis						
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 OR TOWN Webster Groves		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda Hospital				e. STREET ADDRESS (If rural, give location) 318 Arbor Lane						
3. NAME OF DECEASED (Type or Print) Lydia			a. (First)		b. (Middle) M		c. (Last) Fattmann		4. DATE OF DEATH (Month) (Day) (Year) July 15, 1955	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 21, 1865		9. AGE (In years last birthday) 90 yrs	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) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Herman A. Hummert			13b. MOTHER'S MAIDEN NAME Christine Vemmer			14. NAME OF HUSBAND OR WIFE Charles Fattman				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ray Linnemeyer 318 Arbor Lane					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure - pulmonary INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES DUE TO (b) Edema DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>at home in bed 9th day of illness 17/1/55</i>								
19a. DATE OF OPERATION 29 June 55		19b. MAJOR FINDINGS OF OPERATION Deep suturing No complications						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) St. Louis Mo						
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? 904945						
22. I hereby certify that I attended the deceased from 26 June, 1955 , to 15 July, 1955 , that I last saw the deceased alive on 15 July, 1955 , and that death occurred at 7:30 p.m. , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) Ray Q. Hawburn				23b. ADDRESS 4660 Maryland			23c. DATE SIGNED 16 July 55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 18, 1955		24c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.				
DATE REC'D BY LOCAL REG. JUL 18 1955		REGISTRAR'S SIGNATURE J. Charles Smith			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McGleason & Sons 6125 Delmar					

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

Dr Hawks
3124 Langfellow
Rt 1 976

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 *Jos. E. McCulloch*

Licensed Embalmer No. 298

P. O. Address 6175

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.