

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15732

STATE FILE NUMBER

FILED APR 29 1957

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 980

Health, Welfare
Public
Service

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56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Overland 42670		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteo Hosp			Length of stay in lb 2 wk	d. STREET ADDRESS (If outside, give location) 2360 Addie	
3. NAME OF DECEASED (Type or print) First CATHERINE Middle FETSCH Last FETSCH			4. DATE OF DEATH Month Apr Day 13 Year 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 12 1907	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months 4 Days 13 Hours 13 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Retail		11. BIRTHPLACE (City and state or country) Bridgeton Mo	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Ferdinand Fetsch			14. MOTHER'S MAIDEN NAME Alice Coleman		
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. 491-16-7203		17. INFORMANT Dorothy Conley Overland Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: - IMMEDIATE CAUSE (a) Metastatic sarcoma - ext adenoma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Sarcoma cephaladema of the ovary DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 1 mo 7-13-56
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour, a. m. / Month, Day, Year.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>1954</u> to <u>Time of death</u> and last saw her alive on <u>April 12, 1957</u> Death occurred at <u>3:55 Am</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Fred A. Coats, D.D.			22b. ADDRESS 2335 Brown Rd St. Louis 14		22c. DATE SIGNED April 13, 1957
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4/16/57	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St Louis Mo
24. FUNERAL DIRECTOR Ortmann F Home			ADDRESS 9222 Lackland Overland Mo	25. DATE RECD. BY LOCAL REG. 4-13-57	26. REGISTRAR'S SIGNATURE Hubert B. Dumble MD

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 *Al. C. Ostmann*

Licensed-Embalmer No. **347**

P. O. Address

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.