Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 59-003708

FILED FEB 11 1959 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 194

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Clayton — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Louis Co. Hosp. DOA — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Brentwood 451 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 8821 Eager Road — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: RICHARD Middle: HUMMERT Last: FATTMANN

4. DATE OF DEATH Month Day Year: Jan. 18, 1959

5. SEX: Male **6. COLOR OR RACE**: White **7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Sept. 10, 1927 **9. AGE** (In years last birthday): 31 — 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): Engineer-Presstite **10b. KIND OF BUSINESS OR INDUSTRY**: Keystone Co.

11. BIRTHPLACE (City and state or country): St. Louis, Missouri **12. CITIZEN OF WHAT COUNTRY?**: USA

13a. FATHER'S NAME: Edgar O. H. Fattmann **13b. MOTHER'S MAIDEN NAME**: Helene Sontag **14. NAME OF HUSBAND OR WIFE**: Jane Felton Fattmann

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW II **16. SOCIAL SECURITY NO.**: 496-28-8553 **17. INFORMANT** Address: Mrs. Helene Fattmann 8821 Eager Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hanging
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 974X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☒ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Found hanging by rope from drain-pipe in basement of apartment building in which he resided
20c. TIME OF INJURY Hour: 4:00 p.m. Month, Day, Year: 1/18/59
body found
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): basement
20f. CITY, TOWN, OR LOCATION: Brentwood COUNTY: St. Louis STATE: Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Raymond H. Harris Coroner **22b. ADDRESS**: Clayton, Mo. **22c. DATE SIGNED**: 1/26/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: 1/20/59 **23c. NAME OF CEMETERY OR CREMATORY**: Lake Charles Cemetery **23d. LOCATION** (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR Address: Alexander & Sons 6175 Delmar Blvd. **25. DATE RECD. BY LOCAL REG.**: 1-20-59 **26. REGISTRAR'S SIGNATURE**: John C. Murphy, M.D.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6175 Pelm

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.