

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012574

FILED VC MAR 25 1960

2 2163

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. City Hospital #1		d. STREET ADDRESS (If outside, give location) 6308 Oleatha	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Arthur Middle Stephan Last Fette			4. DATE OF DEATH Month February Day 22 Year 1960		
5. SEX Male	6. COLOR OR RACE Caucasian	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/12/1898	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Captain Fire Dep't		10b. KIND OF BUSINESS OR INDUSTRY City of St. Louis		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME John William Fette		13b. MOTHER'S MAIDEN NAME Emma Stephan	
14. NAME OF HUSBAND OR WIFE Mary Florence Fette		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War One			
16. SOCIAL SECURITY NO. None		17. INFORMANT Robert E. Fette, 8917 Ione Lane, Affton			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Hemorrhage into plural cavity.**
DUE TO (b) **Fractured ribs**
DUE TO (c) **916.90**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the immediate cause or disease condition given in PART I (a) **Suffered while fighting fire of building at 196-108**

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury, PART I or PART II of item 18.) Building at 196-108
20c. TIME OF INJURY Hour 8:24 p.m. Month, Day, Year March 6th 1960	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Building	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN OR LOCATION St. Louis Mo.	COUNTY STATE

21. I attended the deceased from _____ and last saw her/him alive on _____
Death occurred at **10:20 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert E. Fette	22b. ADDRESS 1300 Class	22c. DATE SIGNED 2/26/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2/26/1960	23c. NAME OF CEMETERY OR CREMATORY Hiram Park Cemetery
23d. LOCATION (City, town, or county) St. Louis County, Missouri		23e. DATE RECD. BY LOCAL REG. FEB 24 1960

24. FUNERAL DIRECTOR ADDRESS
Hoffmeister Colonial Mortuary
6464 Chippewa St., St. Louis, Mo.

26. REGISTRAR'S SIGNATURE
Keal Smith, M.D.
mjb

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Bill C. Branson

Licensed Embalmer No. 4764

P. O. Address St Louis

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.