

REC'D SEP 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27081
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City St. Louis (d) Street No. Barnes Hospital Registered No. **7095**
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lillian M Fetsch

(a) Residence, No. 875 Richard St. **WR** University City, Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Fetsch		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27, 1876		
7. AGE 62	MONTHS 2	DAYS 11
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife	
	9. Industry or business in which work was done, as saw mill, bank, etc. Home	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia		
FATHER	13. NAME James B. Horn	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia	
MOTHER	15. MAIDEN NAME Elizia Porter	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia	
17. INFORMANT (ADDRESS) <u>John Fetsch</u> 8515 Richard Ave.,		
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Maus DATE Aug. 11, 1938		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Drehmann-Harsh</u> 1905 Union Blvd.,		
20. FILED AUG 10 1938 <u>J. D. Brubaker</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8 - 8, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **8 - 3, 1938** to **8 - 8, 1938**
 I last saw her alive on **8 - 8, 1938** Death is said to have occurred on the date stated above, at **1:47 p.m.**
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Recto-sigmoid Junction
Generalized Metastases
Terminal bronchopneumonia
 Date of onset **1936**

Other contributory causes of importance:
None

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify **None**
 (Signed) E. L. Guana M. D.
 (Address) **BARNES HOSPITAL**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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,

B. M. Sanford

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

B. M. Sanford

Licensed Embalmer No.

2273

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 this body is not embalmed, above space should be left blank.