No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 5090

MAR 25 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1338

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

**1. PLACE OF DEATH:**

(a) County St. Louis.

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmary. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution December 6, 1940 (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County St. Louis.

(c) City or town St. Louis, 17 13
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal St. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 60 years Foreigner years.

3. (a) PRINT FULL NAME Anton Fette.

3. (b) If veteran, name war Cannot say. 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Emilie 6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 19, (Day) 1860 (Year)

8. AGE: Years 80 Months 4 Days 13 If less than one day hr. min.

9. Birthplace Germany. 4 Foreigner.
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter.

11. Industry or business x

FATHER
12. Name Phillip Fette
13. Birthplace Germany. 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Amelia Welsberger.
15. Birthplace Germany. 4
(City, town, or county) (State or foreign country)

16. (a) Informant E. Molony
(b) Address 5800 Arsenal St.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2-11-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mo Crematory

18. (a) Signature of funeral director C. Hoffmeister Co.
(b) Address 1814 S. Broadway

19. (a) FEB 10 1941 (Date received local registrar) (b) J. H. Breedeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February day 8, year 1941. hour 12:00 minute M. M.

21. I hereby certify that I attended the deceased from December 6, 1940, to February 8, 1941; that I last saw him alive on February 8, 1941; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cardiac Decompensation | |
| Due to Arteriosclerotic heart disease | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy Same as above | |

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature R. E. Shank (M. D. or other)
Address 5600 Arsenal Date signed 2/8/41

(Licensed Embalmer's Statement on Reverse Side)

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**