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MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 262  
Registrar's No. 425

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: St. Louis City Hospital #1 0  
(d) Length of stay: In hospital or institution.  
In this community years, months or days

3. (a) PRINT FULL NAME Richard Fiechtmann,  
3. (b) If veteran, name war World War  
3. (c) Social Security No. None

4. Sex Male 0  
5. Color or race White 0  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased February 3 1887  
(Month) (Day) (Year)

8. AGE: Years 54 Months 11 Days 10  
If less than one day hr. min.

9. Birthplace St. Louis Missouri 0  
(City, town, or county) (State or foreign country)  
10. Usual occupation Laborer

11. Industry or business  
12. Name Edward Fiechtmann  
13. Birthplace St. Louis Missouri 0  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret O'Connell  
15. Birthplace St. Louis Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Arnold Fiechtmann  
(b) Address 3964a Cottage Ave.  
17. (a) Burial (b) Date thereof 1-16-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery  
18. (a) Signature of funeral director Cullinane Bros.  
(b) Address 1710 N. Grand Blvd.

19. (a) JAN 14 1942 (b) J. F. Bredich  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 3964a Cottage Ave. 7  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan. day 13  
year 1942 hour 11 minute 30 a.m.

21. I hereby certify that I attended the deceased from  
that I last saw him alive on  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Ammonia and Oxalic Acid Poisoning;  
TIME, PLACE, CAUSE AND MANNER OF SAME  
Due to COULD NOT BE ASCERTAINED.

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

179 X  
99  
Major findings:  
Of operations  
Of autopsy  
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) OPEN VERDICT 000  
(b) Date of occurrence unknown  
(c) Where did injury occur? unknown  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
unknown  
While at work? (Specify type of place) (e) Means of injury

23. Signature Alfred Perry (M. D. or other)  
Address Date signed 1/14/42

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

**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.....

*Fred Frick*

Licensed Embalmer No..... 3186.....

P. O. Address..... St. Louis, Mo.....

**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, fact should be so stated above.**