

S. No. 2
DM-5-43
V. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22214**

FILED JUL 12 1947
318

Registration District No. **318** Primary Registration District No. **1003**

Registrar's No. **5121**

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 2919 Barrett St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Jackalin Lee Fettinger

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.

that I last saw ER alive on 7-5 and that death occurred on the date and hour stated above.

4. Sex Female **5. Color or race** White

6. (a) Single, widowed, married, divorced Single

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 5 1947
(Month) (Day) (Year)

Immediate cause of death Prematurity 6 wks.

Due to _____

Due to _____

Other conditions 159
(include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>-</u>	<u>-</u>	<u>1</u>	<u>23</u> hrs. <u>0</u> min.

Major findings:
Of operations _____

Of autopsy _____

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

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name Thomas Fettinger

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Jewell Huggins

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

16. (a) Informant Mr. Thomas Fettinger

(b) Address 2919 Barrett St.

17. (a) Burial Memorial Park Cemetery
(Burial, cremation, or removal) (b) Date thereof 7/7/47
(Month) (Day) (Year)

18. (a) Signature of funeral director Provoost and Co.

(b) Address 3710 N. Grand Blvd.

19. (a) JUL 7 1947 J. F. Bradeck
(Date received local registrar's certificate) (Registrar's signature)

23. Signature Thomas Meyer (M. D. or other) _____

Address 4500 Glen **Date signed** 7-7-47

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

MOTHER FATHER

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..... *W E Morris*

Licensed Embalmer No. *3360*

P. O. Address.....

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.