S. No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10149
Registrar's No. 2945

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4138 Wyoming St (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 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") 17
(d) Street No. 4138 Wyoming St (If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No) 16 0
If yes, name country

3. (a) PRINT FULL NAME Bertha Fechter
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Anthony E. Fechter
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased March (Month) 7 (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
75	0	17	hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name Martin Kleffmann
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name Josephine
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)
16. (a) Informant Anthony E. Fechter
(b) Address 4138 Wyoming
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 27 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Calvin F Feutz
(b) Address 4828 Nat Bridge Blvd
19. (a) MAR 26 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1948 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from December, 1945, to March 24, 1948; that I last saw her alive on March 24, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	4 days
Due to Hypertension	Dec. 1945+
Due to	
Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)	Dec. 1945+

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Bernard T. Kong (M. D. or other) M.D.
Address 4755 S. Morganford Road St. Louis 16, Mo. Date signed 3/24/48

Jefferson City Printing Co. (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 John A. Mlinar

Licensed Embalmer No. 4186

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.