FEDERAL SECURITY AGENCY
(National Office of Vital Statistics)

FILED JAN 18 1949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42663

Registration District No. 318

Primary Registration District No. 1005

Registrar's No. 11434

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 4838 Penrose Street
(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

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

(d) Street No. 4838 PenroseStreet
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Albert H. Fechter

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Florence Fechter

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased 4 (Month) 19 (Day) 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	8	12	hr. min.

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

10. Usual occupation Salesmann and Secretary

11. Industry or business American Commission Co.

FATHER
12. Name Bernard Fechter
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marggret Dunnewald
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florence Fechter
(b) Address 4838 Penrose Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-49 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Calvin F.Feutz
(b) Address 4828 Nat'l Bridge Blvd.,

19. (a) JAN 3 1949 (Date received local registrar) (b) J B Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31 year 1948 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	1 yr
Due to Arteriosclerosis	10yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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 Francis J Mueller MD (M. D. or other)

Address 4114 W. West Florissant Date signed 1-1-49

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.....

Licensed Embalmer No. 4053

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.