

FILED JAN 19 1951

STANDARD CERTIFICATE OF DEATH

43720  
State File No. 10880

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10880

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 20 59	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5798 Kingsbury		d. STREET ADDRESS (If rural, give location) 5798 Kingsbury	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) ESSIE	b. (Middle) SCHIELE	c. (Last) FECHENBACH	Month	Day	Year
5. SEX Female			6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Widow			8. DATE OF BIRTH Unknown		
9. AGE (In years and months) 87			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		
11. BIRTHPLACE (State or foreign country) St. Louis, Mo. D			12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME Theodore Schiele	13b. MOTHER'S MAIDEN NAME Sarah Neustadt	14. NAME OF HUSBAND OR WIFE David Fechenbach
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. U. C. Weinstock-Centralia, Ill.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H201

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 1:50 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS 1300 Clark A	23c. DATE SIGNED 12/24/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/22/50	24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. DEC 20 1950	REGISTRAR'S SIGNATURE J. B. Lassar	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hermann Klotzsch 5216 Delmar
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WRITE PLAINLY—USING 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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed.....

*John Ketter*

Licensed Embalmer No. 3886

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.