V.S. No. 300
REV. 10-48

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

FILED DEC 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44200

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11539

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri.
c. LENGTH OF STAY (in this place): 9 1/2 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Margaretta Nursing Home. #5861 Cates Ave.,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri.
b. COUNTY: St. Louis
c. CITY OR TOWN: University City 5, 4 33 6
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): #6837 Kingsbury Blv'd.,

3. NAME OF DECEASED (Type or Print)
a. (First): LILLIAN
b. (Middle): D.
c. (Last): FETNER.

4. DATE OF DEATH (Month) (Day) (Year): Dec 4, 1953.

5. SEX: Female. 1

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed. 2

8. DATE OF BIRTH: Nov 18, 1868

9. AGE (In years last birthday): 85. | IF UNDER 1 YEAR: Months | Days | IF UNDER 1 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home.

11. BIRTHPLACE (City and State or Foreign Country): Columbia, South Carolina. 1

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Francis M. Drennan.

13b. MOTHER'S MAIDEN NAME: Emma Diseker.

14. NAME OF HUSBAND OR WIFE: William H. Fetner.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If yes, give war or dates of service): no.

16. SOCIAL SECURITY NO.: none.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs H. J. Lange #6837 Kingsbury Blv'd.,

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia, right

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

4222

22. *I hereby certify that I attended the deceased from* Oct. 23, 1952, *to* Dec. 4, 1953, *that I last saw the deceased alive on* Dec. 4, 1953, *and that death occurred at* 7 25 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jerome Simon, M.D.

23b. ADDRESS: 3720 Washington

23c. DATE SIGNED: 12-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.

24b. DATE: 12/7/53.

24c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cemetery.

24d. LOCATION (City, town, or county) (State): St. Louis, Missouri.

DATE REC'D BY LOCAL REG. DEC 7 1953

REGISTRAR'S SIGNATURE: J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: E.R.Lupton & Sons, #7233 Delmar Blv'd.,

(Licensed Embalmer's Statement on Reverse Side)

DV Jerome Simon
#3720 Washington Blvd
Lu: 2885.
Hrs: 2-4.

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.