

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002920

STATE FILE NUMBER

FILED JAN 26 1959

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10

300
1-57
88
163

BY AFFIDAVIT OF CERTIFICATION
2-1-59 DEL

USE ONLY BLACK INK OR RED INK
MEDICAL CERTIFICATION

All diseases in Part I must be causally related

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS Mo</i>		c. CITY OR TOWN <i>ST. LOUIS</i>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>ENROUTE CITY Hosp.</i>		d. STREET ADDRESS (If outside, give location) <i>2169 3624 HYDRAULIC</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>HERMAN E. FATCHETT</i>		4. DATE OF DEATH Month Day Year <i>JAN. 1 1959</i>	
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>JULY 8 1908</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>WELDER</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Missouri</i>
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13. NAME OF HUSBAND OR WIFE <i>JERRY FATCHETT</i>	
13a. FATHER'S NAME <i>FRED FATCHETT</i>		13b. MOTHER'S MAIDEN NAME <i>MAMIE STOUT</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JERRY FATCHETT</i>		Address <i>3624 HYDRAULIC</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Internal hemorrhage following gunshot wounds of chest and abdomen.</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>E981x</i>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH <i>deceased in the hands of an ambulance driver in Lafayette Ave. exact time unknown, on January 1st 1959.</i>			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury, PART I or PART II, item 18.) <i>deceased in the hands of an ambulance driver in Lafayette Ave. exact time unknown, on January 1st 1959.</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. <i>1. 1. 59</i> p.m.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street office bldg., etc.) <i>Home</i>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <i>St Louis Mo</i>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>245 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <i>1/2/59</i>	
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS <i>1300 Clona</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>		23b. DATE <i>JAN 5 1959</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>RESURRECTION CEM.</i>		23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS Co., Mo</i>	
24. FUNERAL DIRECTOR <i>Thomas Lutes 2906 Lewis</i>		25. DATE RECD. BY LOCAL REG. <i>JAN 2 59</i>	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		(H.T.)	

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 Eleanora Poivree

Licensed Embalmer No. 3403
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.