

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016281
STATE FILE NUMBER

FILED MAY 8 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1146

300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonhomme		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN 4000 Bonhomme Twshp
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clayton Road		Length of stay in lb 40 yrs.	d. STREET ADDRESS (If outside, give location) Clayton Road 1624B

3. NAME OF DECEASED (Type or print) First Gustav Middle E. Last Fette			4. DATE OF DEATH Month 4 Day 27 Year 59	
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5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 10, 1881	9. AGE (In years less birthday) 78	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (City and state or country) St. Louis County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME August Fette		13b. MOTHER'S MAIDEN NAME Rosa		14. NAME OF HUSBAND OR WIFE Eleanora Fette	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs. Gustav Fette, St. Louis, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis			INTERVAL BETWEEN ONSET AND DEATH 30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) myocardial infarction			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4201		
20c. TIME OF INJURY Hour 6:00 AM Month April Day 27 Year 1959					

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Ballwin, Mo.		20f. CITY, TOWN, OR LOCATION COUNTY STATE Ballwin, Mo.	
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21. I attended the deceased from **Jan 1958** to **April 1959** and last saw him alive on **4/20/59**.
Death occurred at **6:00 AM** m in the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H.C. Mc Murray M.D.		22b. ADDRESS Ballwin, Mo.		22c. DATE SIGNED 4/27/59	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-29-59		23c. NAME OF CEMETERY OR CREMATORY Elmlawn Cemetery		23d. LOCATION (City, town, or county) (State) Clayton & Ballwin Rds	
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24. FUNERAL DIRECTOR Schrader Funeral Home, Ballwin, Mo.		ADDRESS Ballwin, Mo.		25. DATE RECD. BY LOCAL REG. 4-27-59		26. REGISTRAR'S SIGNATURE J. B. Murphy M.D.	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Richard Bopp*

Licensed Embalmer No. *4584*
P. O. Address... *Ballwin, Md.*

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.