

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-045426**

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12117**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1

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DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED DEC 12 1963**

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>45 yrs.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>5410 Dewey Avenue</b>				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First <b>FLORENCE</b> Middle Last <b>FECHT</b>			4. DATE OF DEATH Month <b>December</b> Day <b>6</b> Year <b>1963</b>			5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>4/21/198</b>		9. AGE (last birthday) <b>65 yrs.</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>				11. BIRTHPLACE (City and state or country) <b>Concordia, Missouri</b>				12. CITIZEN OF WHAT COUNTRY <b>USA</b>							
13a. FATHER'S NAME <b>Fred W. Brinkoetter</b>				13b. MOTHER'S MAIDEN NAME <b>Caroline Baepler</b>				14. NAME OF HUSBAND OR WIFE <b>Richard H. Fecht</b>				15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, pp. or unknown) (If yes, give war or dates o <b>No</b>				17. INFORMANT Address <b>Mr. Richard H. Fecht, 5410 Dewey (16)</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute coronary heart disease</b>												INTERVAL BETWEEN ONSET AND DEATH <b>72 hrs</b>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) <b>4201</b>																			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown									
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.)															
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE									
21. I attended the deceased from <b>12/4/63</b> to <b>12/6/63</b> and last saw her/him alive on <b>12/6/63</b> Death occurred at <b>8:00 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE <i>Parent Parashah road</i> (Degree or title)						22b. ADDRESS <b>5203 Chippewa</b>			22c. DATE SIGNED <b>12/6/63</b>										
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Dec. 9, 1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Our Redeemer Cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>												
24. FUNERAL DIRECTOR ADDRESS <b>Beiderwieden F. H. Inc. 3620 Chippewa (16)</b>				25. DATE RECD. BY LOCAL REG. <b>DEC 9 1963</b>		26. REGISTRAR'S SIGNATURE <i>Roan Smith, M.D.</i>													

Dr. Paul M. Passafiume  
5203 Chippewa

Fl. 1-2454 5-7

**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 Home H. Jritz

Licensed Embalmer No. 3882

P. O. Address St. Louis

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.