S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

Pastor

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 19 1945

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3241

Registration District No. 516 — Primary Registration District No. 3059 — Registrar's No. 260

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4 Summit St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois 94
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. 4, Summit 2, 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME KATHERINE CAROLINE FEDORCHALK
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex F. 5. Color or race W 6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Stephan Fedorchalk 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Jan. (Month) 16 (Day) 1884 (Year)

8. AGE: Years 60 | Months 11 | Days 0 | If less than one day ____ hr. ____ min.

9. Birthplace Czecho Slovakia (City, town, or county) X (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
12. FATHER Name John Fetyko 0
13. Birthplace Czecho Slodakia (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Unknown
15. Birthplace Unknown 0 (City, town, or county) (State or foreign country)
16. (a) Informant Stephan Fedorchalk
(b) Address 4 Summit Bonne Terre Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-44 (Month) (Day) (Year)
(c) Place: burial or cremation St. Joseph's Cemetery
18. (a) Signature of funeral director Denham Und. Co.
(b) Address 312 Benham Bonne Terre Mo
19. (a) 12-30-44 (Date received local registrar) (b) Forrest Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26th
year 1944, hour 2, minute 30 A. M.
21. I hereby certify that I attended the deceased from Dec 25-44, 19__ to Dec 26- 19 44;
that I last saw h[illegible] alive on Dec 25- = 19 44;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	1 Hrs.
Due to: Hypertension	5 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. P. Gott (M. D. or other)
Address Bonne Terre Date signed 12-28-44

373 (Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4

District File Number 145-131

Date Filed 1-16-45

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed C J Claywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre 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 this body is not embalmed, fact should be so stated above.