MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

8617

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 2286

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis (No. 2849 McNair av St. ..... Ward)

2. FULL NAME William Fellermann

(a) Residence. No. 2849 McNair St., 23 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Fellermann

6. DATE OF BIRTH (MONTH, DAY AND YEAR): about 1866.

7. AGE: about 63 Years; Months: Unknown; Days: ; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Newspaper Healer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

PARENTS
10. NAME OF FATHER: William Fellermann
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Mary Fellermann
(Address) 2849 McNair

15. FILED FEB 18 1929 Max C Harkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 17 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1929, to Feb 17, 1929 that I last saw him alive on Feb 14, 1929, and that death occurred, on the date stated above, at 5 20 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
93C
10LA (duration) 7 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY): Acute Bronchitis
non Tubercular (duration) — yrs. — mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam.

(Signed) J. P. Kerr, M. D
Feb 18, 1929 (Address) 2730 McNair Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: New Picker. DATE OF BURIAL: Feb 19 1929

20. UNDERTAKER: Wm C Moydell ADDRESS: 1926 Allen

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.