93
JUL 27 1929
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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25603

1. PLACE OF DEATH
County St Charles — Registration District No. 757 — File No.
Township — Primary Registration District No. 3036 — Registered No. 104
City St Charles (No. 917 South Main St. Ward)

2. FULL NAME Edward Fehr
(a) Residence. No. 917 S. Main St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 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 Beatrice McMurtrey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 29 - 1880

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
48	6	6	

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

9. BIRTHPLACE (CITY OR TOWN) Cottleville
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER No History
11. BIRTHPLACE OF FATHER (CITY OR TOWN) No History
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER No History
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) No History
(STATE OR COUNTRY)

14. INFORMANT Beatrice Fehr
(Address) 917 S. Main St

15. FILED 7/5, 1929 Hy. G. Bloebaum REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 5 1929

17. I HEREBY CERTIFY, That I attended deceased from June 26, 1929, to July 5, 1929, that I last saw him alive on ....., 19...., and that death occurred, on the date stated above, at 10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chr. Myocarditis
(Acute Decompensation)
(duration) ....yrs. ....mos. 9 ds.

CONTRIBUTORY (SECONDARY)
(duration) ....yrs. ....mos. ....ds.

JOB

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH No knowledge
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam.
(Signed) B. Gerst Gordon, M. D.
July 5, 1929 (Address) 200 Clay St St Charles Mo

*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: Oak Grove Cem. — DATE OF BURIAL: July 7 1929

20. UNDERTAKER: H. Dallmeyer & Sons Co — ADDRESS: 800 N. 2nd St.

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.