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.

AUG 26 1930

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

Do not use this space.

27698

1. PLACE OF DEATH
County St Charles Mo — Registration District No. 757 — File No.
Township — Primary Registration District No. 3036 — Registered No. 137
City St Charles Mo (No. ..... St. ..... Ward)

2. FULL NAME Dorothy May Fehr
(a) Residence. No. 917 S Main St., 1st 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1929 Dec 1st

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	—	8	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Charles
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Ralph Fehr
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Charles
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Madaline Hembrock
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Paul
(STATE OR COUNTRY) Mo

14. INFORMANT Ralph Fehr
(Address) 917 S. Main Str.

15. FILED 8/11, 1930 Hy. G. Bloebaum REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 3rd 1930

17. I HEREBY CERTIFY, That I attended deceased from August 2nd, 1930, to August 3d, 1930 that I last saw her alive on August 2nd, 1930, and that death occurred, on the date stated above, at 2 45 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastro-enteritis (acute)
119D
(duration) ..... yrs. ..... mos. 10 ds.

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

1136

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? Clinical signs
(Signed) B. P. Wentker, M. D.
815, 1930 (Address) 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	DATE OF BURIAL
St Peters Cem	Aug 5 1930

20. UNDERTAKER	ADDRESS
H. C. Dallmeyer & Son Co. 800 N Second Str.	St Charles Mo.