

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

37358

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City St. Louis (No. City Hospital #1)

File No.....
 Registered No. 9995
 St..... Ward.....

2. FULL NAME

Richard F. Fell
 (a) Residence, No. 1914 Arsenal, St., 24 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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22-1900

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>32</u>	<u>1</u>	<u>18</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 890

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 1

13. NAME Joseph M. Fell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Mary Wiener

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Joseph M. Fell

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Paul DATE 11-14-32

19. UNDERTAKER (ADDRESS) Watt Bros & Co

20. FILED NOV 12 1932 Max C. Anderson Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/10, 1932

22. I HEREBY CERTIFY, That I attended deceased from No. 24 Arsenal, 19.....
 I last saw him..... alive on..... attended Death said to have occurred on the date stated above, at 1:04 p.m.
 The principal cause of death and related causes of importance were as follows:

Shock & Injuries - Deceleration of body, occurred when auto in which he was riding collided with post at Greenway Hotel, Greenway, St. Louis, Mo.
 Date of onset.....

Other contributory causes of importance:
Went to work on 11/7/32 for Commercial Enterprises

Name of operation..... Date of.....
 What test confirmed diagnosis? 11/10/32 Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury 11/7/32
 Where did injury occur? St. Louis, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public Place
 Nature of injury collision with post
Deceleration of body

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) Wm. H. Dever M. D.
 (Address) Greenway

