

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis Josephine Hospital

File No. **21800**
Registered No. **5515**
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 3617⁵ Hartford St., 16 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 Caroline Fehl
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 31-1853
7. AGE YEARS 80 MONTHS 5 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Cigar Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

MOTHER 13. NAME Nicholas Fehl

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Caroline Fehl (ADDRESS) 3617⁵ Hartford St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Park DATE June 4 1934

19. UNDERTAKER Thos. Rietis (ADDRESS) 2906 Crovoys Ave

20. FILED 11 N 2 1934 Joe J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1 1934
22. I HEREBY CERTIFY That I attended deceased from May 1 1930 to June 1 1934
I last saw him alive on May 31 1934. Death is said to have occurred on the date stated above, at 3:45 A. m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 5 years
131
93
131
Other contributory causes of importance: Chronic Diabetic Nephros 5 years

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Dr. M. Engelen, M. D.
(Address) 317⁵ S. Travis

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.

