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.

AUG 16 1934

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, (No. 3139a Caroline Street St. ..... Ward)

File No. 27041

Registered No. 7275

2. FULL NAME Margaretta Feurer

(a) Residence, No. 3139a Caroline St. St., 18 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Fridolin Feurer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 15th. 1852

7. AGE: YEARS 81 | MONTHS 7 | DAYS 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) (STATE OR COUNTRY): Germany

FATHER

13. NAME: John Meyer

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Ernest J. Feurer 3139a Caroline St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus DATE July 24th, 1934

19. UNDERTAKER (ADDRESS): Wm Schumacher 3013 Meramec Street

20. FILED 2 ... 19 ... Jos. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21st. 1934

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1934, to July 21, 1934

I last saw her alive on July 21, 1934 Death is said to have occurred on the date stated above, at 9/30am

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

131
828
102

131

Other contributory causes of importance: Chronic Interstitial Nephritis Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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 ....., 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) Otto C. Hauser, M. D.

(Address) 3156 Park av

[illegible] 5811
[illegible] " 7976
10 30 AM 7 12 N