

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

Do not use this space.

30799

1. PLACE OF DEATH SEP 13 1934
 County..... Registration District No. 1791
 Township..... 8th Rwy Primary Registration District No. 1003
 City St. Louis (No. City Hospital #1) St. _____ Ward _____
 Registered No. 8058

2. FULL NAME George Fey
 (a) Residence, No. 2643 Lafayette Ave. St. 23 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 15th, 1897.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>37</u>	<u>1</u>	<u>20</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. _____

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.

MOTHER FATHER

13. NAME Joseph Fey
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albany New York

MOTHER

15. MAIDEN NAME Elizabeth Meyer
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gario Illinois

17. INFORMANT (ADDRESS) Jettie Alberst 3416 Cherokee St.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE New Picker DATE Aug. 6th, 1934

19. UNDERTAKER (ADDRESS) Wacker-Heldert 301 S. Broadway

20. FILED AUG - 6 1934 J.P. Bredek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 4th. 19 34

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 1.15 A.M.

The principal cause of death and related causes of importance were as follows:
173
Gunshot Wound of Heart
Excitation of Lung
 Date of onset _____

Other contributory causes of importance:
Homicide

Name of operation _____ Date of _____
173
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Homicide Date of injury 8/4 1934
 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. In Home

Manner of injury Shot by person
 Nature of injury Gunshot Wound of Heart

24. Was disease or injury, in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) W. J. C. [Signature] _____
 (Address) St. Louis, Mo.
8/6/34 W. J. C. [Signature] _____

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.

