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.

MAR 5 1935

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

Do not use this space.

791
1003

7207

File No.
Registered No. 1622

1. PLACE OF DEATH

County
Registration District No.
Township
Primary Registration District No.
City St Louis (No. 3535, Tennessee Ave St. Ward)

2. FULL NAME Max Fellmer

(a) Residence, No. 3535 Tennessee Ave Ward. 16
(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: Katherine Fellmer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 6 - 1875

7. AGE: Years 59 | Months 3 | Days 10 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Director of Personell
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Anheuser Busch
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: Emil Fellmer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Caroline Heilman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Katherine Fellmer 3535 Tennessee Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Matthews DATE Feb 20 1935

19. UNDERTAKER (ADDRESS): Wacker Helderle 2331 Broadway

20. FILED MAR 18 1935 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1932, to Feb 15, 1935

I last saw him alive on Feb 15, 1935. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

	Date of onset
Coronary Thrombosis	Feb 9 1935

Other contributory causes of importance:

Hemiplegia caused by 1932
Cerebral apoplexy

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? — 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) P. H. Scherman, M. D.

(Address) 2918 S. Kingshighway Bl