

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

Do not use this space.

1. PLACE OF DEATH **SFP 1 6 1935**

County.....

Registration District No.....

**791  
1003**

File No.....

**27866**

Township.....

Primary Registration District No. 1.....

Registered No.....

**6919**

City **St. Louis**

(No. **Desloge Hospital**)

St. .... Ward)

2. FULL NAME **Florence Fehr**

(a) Residence, No. **2600a S. Broadway** St. **23** Ward.

(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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married** (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Charles Fehr**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **January, 16th, 1898**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
<b>37</b>		<b>6</b>	<b>29</b>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Janitress**  
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 13. NAME **Robert Waldie**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

15. MAIDEN NAME **Isabell Hahn**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

17. INFORMANT (ADDRESS) **Charles Fehr  
2600 S. Broadway**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Ickers** DATE **Aug. 17th, 1935**

19. UNDERTAKER (ADDRESS) **Kaecher-Helderte  
2331 S. Broadway**

20. FILED **AUG 14 1935** **J. P. Bredeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August, 14th, 1935**

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

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at **7:00** a. m.

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

*Septic Abortion (self-induced)  
Peritonitis, Retroperitoneal  
Hemorrhage, Acute Nephritis  
Edema of lungs*

Other contributory causes of importance:

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

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? **None** Date of injury **Aug 14, 1935**

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 **Self-induced abortion**

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **Yes**

If so, specify.....

(Signed) **John J. Sweeney**

(Address) **Aug 14, 1935** Deputy Registrar

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.

