AUG 18 1936

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

Do not use this space.

28317

1. PLACE OF DEATH

County Lutheran Hospital, Registration District No. 791

Township Primary Registration District No. 1003

City St. Louis, (No. Lutheran Hosp St. Ward)

File No. 7075

Registered No.

2. FULL NAME Emelie von der Fehr

(a) Residence, No. 3844 California Av. St., 24 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: Female

4. COLOR OR RACE: White.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Franz von der Fehr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 27th 1860.

7. AGE: YEARS 76 MONTHS 3 DAYS 14 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Missouri.

FATHER

13. NAME: Wm. Birkenbeck

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

MOTHER

15. MAIDEN NAME: -- Timmermann.

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

17. INFORMANT (ADDRESS): Alice Schneider 3833 California Av.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Missouri Crematory DATE July 14, 1936

19. UNDERTAKER (ADDRESS): Tiegenhein Bros 2621-23 Cherokee St

20. FILED JUL 13 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 11th, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1936 to July 11, 1936

I last saw her alive on July 11, 1936 Death is said to have occurred on the date stated above, at 1:25 P.m.

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

Chronic Brights Disease

Date of onset ?

Other contributory causes of importance:

Chronic Myocarditis and Uremia

Name of operation Date of

What test confirmed diagnosis? Laboratory & Clinical 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?

If so, specify

(Signed) C. E. Moeller, M. D.

(Address) 3537 S. Jefferson av

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.