

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 1 1936

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. **1008**
City **St. Louis** (No. **5739 Roosevelt Place**) St. _____ Ward)

28528

File No. _____
Registered No. **7293**
St. _____ Ward)

2. FULL NAME

Henry J. Fehl

(a) Residence, No. **5739 Roosevelt Pl.** St. **6** Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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 **Mary Fehl.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 28, 1864.**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	71	10	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Machinist**
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 **Dont Know.**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know.**

MOTHER
15. MAIDEN NAME **Dont Know.**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know.**

17. INFORMANT **Eugene Fehl**
(ADDRESS) **5739 Roosevelt Pl.**

18. BURIAL, CREMATION, OR REMOVAL
S.S. PLACE **Calvary Cemetery** DATE **July, 1936.**

19. UNDERTAKER **J. H. Gehlen & Co.**
(ADDRESS) **2842 Meramec St.**

20. FILED **Jul 15 1936**
J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 14, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **July 13, 1936** to **July 14, 1936**
Last saw him alive on **July 14, 1936** Death is said to have occurred on the date stated above, at **9:55 P.m.**

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

Heat exhaustion
Heart stroke
191
arteriosclerosis
Parkinson's Disease

Date of onset

7/14

Other contributory causes of importance _____

Name of operation _____ Date of _____
What test confirmed diagnosis? **clinical** 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 **H. F. Bergman**
(Signed) **H. F. Bergman**, M. D.
(Address) **3729 Washington**

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