

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.

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis  
Township Jefferson  
City Richmond Heights (No. St. Marys Hospital)

Registration District No. 1170  
Primary Registration District No. 6248-H.

File No. 43385  
Registered No. 267  
Ward

2. FULL NAME Antoinette Fehlig

(a) Residence, No. 1438 S. Grand Ave., 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) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2 D, 1876  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 9 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work  
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  
13. NAME Franck Fehlig  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
15. MAIDEN NAME Augusta Meyer  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Albert Fehlig 1438 S. Grand Ave Blw

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Galvary Cem. DATE Nov, 6 Th 1936

19. UNDERTAKER (ADDRESS) Edward I. Koch 3516 9/14 St

20. FILED Nov. 5 1936 Sam A. Bassett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4 1936  
22. I HEREBY CERTIFY, That I attended deceased from Oct 28 1936 to Nov 4 1936  
I last saw her alive on Nov 3 1936. Death is said to have occurred on the date stated above, at 4 a. m.  
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset Oct 29  
Empyema 108 3 days  
Other contributory causes of importance:

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?  
If so, specify \_\_\_\_\_  
(Signed) J. J. Simon, M. D.  
(Address) 4000 Chouteau ave

STATE OF CALIFORNIA  
COUNTY OF LOS ANGELES

IN SENATE  
JANUARY 11, 1961

ASSEMBLY BILL NO. 1000

BY SENATOR [Name]

(S.B. 1000)

1961

RECEIVED  
JAN 11 1961

OFFICE OF THE CLERK OF THE SENATE  
STATE OF CALIFORNIA