APR 20 1937

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

Do not use this space.

12323

1. PLACE OF DEATH: St. Joseph's Hill Infirmary, Eureka, Mo.
County: Jefferson — Registration District No. 415 — File No. 11
Township: Meramec — Primary Registration District No. 5580 — Registered No. 26
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: William F. Federer
(a) Residence, No. 3646 Wilmington Ave. St. Louis, Mo. 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: 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: Agnes Federer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5/28/1849

7. AGE: YEARS 87 — MONTHS 9 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carriage Trimmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Carriage & Wagon Makers
10. Date deceased last worked at this occupation (month and year): 25 years ago
11. Total time (years) spent in this occupation: 35 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Urloffen, Baden Germany

FATHER
13. NAME: John Federer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs A. Federer, 3646 Wilmington

18. BURIAL, CREMATION, OR REMOVAL
PLACE: S.S. Peter & Paul — DATE: 3-6 1937

19. UNDERTAKER (ADDRESS): Southern Funeral Home, 6222 S. Broad

20. FILED: 3/4 37 James A Townsend, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1937, to Mar. 2, 1937
I last saw him alive on Mar. 2, 1937. Death is said to have occurred on the date stated above, at 7:55 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	

Other contributory causes of importance:

1076

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 of injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Jerry S. Sargent, M. D.
(Address) Eureka, Mo.

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.

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