

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

Do not use this space.

**JUN 12 1937**

1. PLACE OF DEATH .....  
 County ..... Registration District No. **791**  
 Township ..... Primary Registration District No. **1003**  
 City **Saint Louis, Missouri.** No. **300 Thatcher Street.** St. .... Ward)

File No. **18132**  
 Registered No. **4708**

2. FULL NAME **Anton Fedl.**  
 (a) Residence, No. **300 Thatcher Street.** St. **8** 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 **Anna Fedl.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 20th, 1872.**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
<b>64</b>		<b>10</b>	<b>17</b>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Shoe Worker.**

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) **Austria.**

13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Austria**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Austria**

17. INFORMANT **Anna Fedl.**  
 (ADDRESS) **300 Thatcher Street.**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **New St. Marcus Cem.** DATE **June 10th, 1937**

19. UNDERTAKER **Jugenheim Bros.**  
 (ADDRESS) **2623 Cherokee Street.**

20. FILED **MAY 8 1937** **J. Bredeck**  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 7th, 1937, 19**

22. I HEREBY CERTIFY, That I attended deceased from **April 16, 1937, to May 7, 1937.**

I last saw him alive on **April 29, 1937.** Death is said to have occurred on the date stated above, at **5:00A.M.**  
 The principal cause of death and related causes of importance were as follows:

*Myocarditis chronic*

Date of onset **1936**

Other contributory causes of importance:

*Carcinoma stomach*

*Jan. 1937*

Name of operation ..... Date of .....  
 What test confirmed diagnosis? **Clinical** Was there an autopsy? **Yes**

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 .....  
 (Signed) **Karl J. Balazs** , M. D.  
 (Address) **3623 Cleveland**

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.

402  
 5000

