

AUG 5 1937

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. City Hospital

File No.....

Registered No.....

St. Ward

## 2. FULL NAME George Feuerhan

(a) Residence, No. 2720a S. 7th. (rear) St. 23 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 Sophia Feuerhan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1st. 1867.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 9 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed (5yrs)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Street cleaner

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) Illinois

13. NAME Christ Feuerhan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Sophia Feuerhan 2720a S. 7th. St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Jacob, Ills. DATE July-17- 1937

19. UNDERTAKER (ADDRESS) Wacker-Helderle 2331 S. Broadway

20. FILED

JUL 15 1937

J. P. Bredeck Registrar

NO MEDICAL CERTIFICATE OF DEATH  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 14th. 1937

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 10 P.M.

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

Paris Green Poisoning  
Self administered, at his  
home, 2720 S. 7th. on 14th  
of July, 1937 at about 5:30 P.M.

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? Suicide Date of injury 7/14, 1937Where did injury occur? St. Louis, Mo.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Paris Green

Nature of injury poisoning

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) J. M. Quinn, M.D.

(Address) 1000 N. 1st St. St. Louis, Mo.

1. If 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.

