

SEP 10 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28851

1. PLACE OF DEATH

County.....

Township.....

St. Louis

Registration District No. 791

Primary Registration District No. 1003

City Hospital No. 1

File No.....

Registered No. 7484

St.

Ward)

C. 6237

2. FULL NAME

John Fehrs

(a) Residence, No. 3210 Blair

(Usual place of abode)

St. 26

Ward.

(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

Emily Fehrs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb. 15, 1879

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

57

58

5

20

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

laborer

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)

Missouri

13. NAME

John Fehrs

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

Germany

15. MAIDEN NAME

Meta Bogdan

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

Germany

17. INFORMANT (ADDRESS)

Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peter's Cem

DATE Aug 9th 1937

19. UNDERTAKER (ADDRESS)

My Reider, M.D. Co. 1417 Dr. Minkler Str.

20. FILED AUG 7 1937

J. Predeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

8/5/37

, 19

22. I HEREBY CERTIFY, That I attended deceased from

8/4/37

, 19

8/5/37

, 19

I last saw him live on 8/5/37, 19

Death is said

to have occurred on the date stated above, at 5.20 p.m.

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

Cerebral Hemorrhage (non-traumatic)

Date of onset

Other contributory causes of importance:

Generalized arteriosclerosis

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) Charles M. Jessier, M. D.

(Address) City Hospital No. 1

WHITE PRINTED, WITH OBTAINING INFORMATION TO A FORMAL 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.

243

