S. No. 300
M—10-47
v. 5-17-39
I 3906

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 28 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27682
Primary Registration District No. 1003
Registrar's No. 7341

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6214 Washington Blvd. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 0-0
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 6214 Washington Blvd. 9
5 (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JULIA K. FEHR
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 9. 1861 (Month) (Day) (Year)
8. AGE: Years 86 Months 8 Days 11 If less than one day hr. min.
9. Birthplace St. Louis, Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER 12. Name Ernest Stein 4
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Susan Schamberg
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Rose Dorr
(b) Address 6214 Washington Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/23/48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Mausoleum
18. (a) Signature of funeral director W. A. Stock
(b) Address 2117 E. Grand Blvd.
19. (a) AUG 21 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20
year 1948 hour 5 minute 30 A. M.
21. I hereby certify that I attended the deceased from 7-12-48, 1948 to 8-17-48, 1948
that I last saw her alive on 8-17-48, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Large myoma of Uterus -Benign	15 yrs
Due to	
Due to	
Other conditions secondary anemia (Include pregnancy within 3 months of death)	2 yrs

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Arthur W Westry (M. D.) XXXX
Address 24 E. Big Bend Date signed 8-20-48

(Licensed Embalmer's Statement on Reverse Side)

Mr. Arthur Nestrup
204 E Big Bend

MAY 31 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 247 E. Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.