

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.

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

Do not use this space.

JAN 23 1935

45398

1. PLACE OF DEATH

County St. LouisRegistration District No. 1160

Township

Primary Registration District No. 4470City University City(No. 6934 Selmar Blvd.)

File No.

Registered No. 141

St. _____ Ward)

2. FULL NAME Anna J. Fehr(a) Residence, No. 6934 Selmar Ave St. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 23rd 1872</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>-</u>
	DAYS <u>14</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework.</u>	
	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) <u>St. Louis, Mo.</u>		
FATHER	13. NAME <u>Henry Fehr.</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany.</u>	
MOTHER	15. MAIDEN NAME <u>Katherine Leich</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany.</u>	
17. INFORMANT <u>Mrs. Katherine Osthoff</u> (ADDRESS) <u>6934 Selmar Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peters</u> DATE <u>Dec 10</u> 19 <u>34</u>		
19. UNDERTAKER <u>H. J. Leidner and Co</u> (ADDRESS) <u>1217 S. Market St.</u>		
20. FILED <u>Dec. 10</u> 19 <u>34</u> <u>Leas V. Mueller</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7th 193422. I HEREBY CERTIFY, That I attended deceased from June 30, 1934, to Dec 7, 1934.I last saw her alive on Dec 6, 1934. Death is saidto have occurred on the date stated above, at 3-4 a.m.

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

Cancer of Breast, rt.

Date of onset

Other contributory causes of importance:

Spinal metastasesName of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Joseph Larmore, M. D.(Address) 3770 Washington

