

MAY 25 1934

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

Do not use this space.

14318

## 1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City St. Louis (No. 3930<sup>a</sup> No. 19<sup>th</sup> St.)

File No. ....  
Registered No. **3490**  
St. .... Ward)

## 2. FULL NAME

Catherine Fehr  
(a) Residence, No. 3930<sup>a</sup> No. 19<sup>th</sup> St., 26 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
80 6 12

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
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) Not known  
(STATE OR COUNTRY) Germany

13. NAME Christian Leich

14. BIRTHPLACE (CITY OR TOWN) Not known  
(STATE OR COUNTRY) Germany

15. MAIDEN NAME Gertrude Smith

16. BIRTHPLACE (CITY OR TOWN) Not known  
(STATE OR COUNTRY) Germany

17. INFORMANT Anna Fehr  
(ADDRESS) 3930<sup>a</sup> No. 19<sup>th</sup> St.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Peter's DATE April 9, 1934

19. UNDERTAKER Chedney & Sons  
(ADDRESS) 3934<sup>a</sup> No. 20<sup>th</sup> St.

20. FILED 147-7-334 19 34  
J. Baedek  
Registrar.

## 3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1934 to April 6, 1934

I last saw her alive on April 6, 1934. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Pneumonia Broncho  
131  
107A  
115A  
1934

Other contributory causes of importance:

Nephritic Chr  
Interstitial Neph

Name of operation ..... 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 W. Larimore, M. D.

(Address) 3720 Washington Ave

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.

Dr. J. Lawrence  
Bevermont Bldg  
3720 Washington  
St. N.W. 830-942-3  
(see for chart.)

See in the chart on p. 111 for the same data.