UN 1 1927

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

Do not use this space.

12888

1. PLACE OF DEATH

County: St. Louis — Registration District No.: 1123 — File No.:

Township: Carondelet — Primary Registration District No.: 6248 E — Registered No.: 147

City: St. Louis Mo. (No. Mt. St. Rose Hospt St. Ward)

2. FULL NAME: Otto T. Fehring

(a) Residence. No. 3310 Wisconsin St., 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 22-1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	3	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

PARENTS

10. NAME OF FATHER: Geo. Beroche

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

12. MAIDEN NAME OF MOTHER: Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Geo. Beroche
(Address) 3310 Wisconsin Ave.

15. Filed Apr. 19, 1927. L. C. Obrock, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 18-1927.

17. I HEREBY CERTIFY, That I attended deceased from March 4, 1927, to April 18, 1927, that I last saw h. alive on April 18, 1927, and that death occurred, on the date stated above, at 3:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CHRONIC PULMONARY TUBERCULOSIS

23A 31 (duration) not Known yrs. mos. ds.

CONTRIBUTORY (SECONDARY) none (duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? not Known

DID AN OPERATION PRECEDE DEATH? no. DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Sputum.

(Signed) Jerome Schlenker, M. D.

4/19, 1927. (Address) 3515 S. Grand Bl. St. Louis Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St. Matthews Cem. — DATE OF BURIAL: April 21 1927.

20. UNDERTAKER: Ziegenhein Bros. 2623 — ADDRESS: Cherokee St.

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.