

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

Do not use this space.
15450
75181-a

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **6426 Oakland**)

File No.....
Registered No. **4387**
St. Ward)

2. FULL NAME

Anna M. Fehleberg-
(a) Residence. No. **6426 Oakland** St. **4** 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 **Female** 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Dec. 28-1867.**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
60	3	22		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **House Wife**
(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**

10. NAME OF FATHER **Fred Teich**

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) **Germany**

12. MAIDEN NAME OF MOTHER **Helen Stuckenberg**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) **Germany**

14. INFORMANT **Hulda Fehleberg**
(Address) **6432 Oakland Ave.**

15. FILED **APR 23 1928** **May C Starkey** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 20- 1928.**

17. I HEREBY CERTIFY, That I attended deceased from **April 15**, 1928, to **April 15**, 1928 that I last saw him alive on **April 19**, 1928, and that death occurred, on the date stated above, at **7:55 a. m.**

THE CAUSE OF DEATH WAS AS FOLLOWS:

Polar Pneumonia
108 / 1010
92A (duration) yrs. mos. ds.
CONTRIBUTORY **Mitral Regurgitation** (SECONDARY) (duration) **2** yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **Fred C. Blatter**, M. D.
4/20, 1928. (Address) **304 So. Jefferson**
*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 **Sunset Burial Ph.** DATE OF BURIAL **April 23 1928.**

20. UNDERTAKER **Ziegenbein Bros. 26236 Meeker** ADDRESS

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.

RECEIVED BY THE BOARD OF HEALTH WITH UPDATING INK—THIS IS A PERMANENT RECORD

