

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUN 12 1935

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City St. Louis (No. 3710, Potomac St.)

File No. **18029**
4349
Registered No.
St. Ward)

2. FULL NAME Carl W. Fahrenkroy

(a) Residence, No. 3710 Potomac St., 16 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) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26 1901
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 10 17
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
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) 1-1-34 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

13. NAME Hugo Fahrenkroy

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Carrie Koenig

16. BIRTHPLACE (CITY OR TOWN) Greenville (STATE OR COUNTRY) S. C.

17. INFORMANT Adela Fahrenkroy (ADDRESS) 3710 Potomac

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peter's Church DATE 5-15-35

19. UNDERTAKER OSCAR J. HOFFMEISTER UND. Co. (ADDRESS) 4018-18 CHIPPEWA ST.

20. FILED MAY 14 1935 J. Brubaker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-1-34, 1934, to 5-13-35, 1935.

I last saw him alive on 5-12-35, 1935. Death is said

to have occurred on the date stated above, at 3:20 A. m.

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

Pulmonary Tuberculosis app. 1932

Other contributory causes of importance: 23

Name of operation — Date of —

What test confirmed diagnosis? clinical Was there an autopsy? No

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) J. J. Ryan, M. D.
(Address) 3099 E. Grand Blvd.

