

DEPT APR 12 1939

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

8580  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **St. Louis** (d) Street No. **3630 Arsenal St.** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Harry J. Fiedeler**

(a) Residence, No. **3630 Arsenal St.** St. **16** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Anna Fiedeler</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Dec. 13, 1867</b>		
7. AGE YEARS <b>71</b>	MONTHS <b>2</b>	DAYS <b>27</b>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Shoe Buyer</b>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <b>Retired 13yrs.</b>	
	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) <b>St. Louis, Mo.</b>		
FATHER	13. NAME <b>Anton Fiedeler</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>	
MOTHER	15. MAIDEN NAME <b>Elizabeth Sprengelmeyer</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>	
17. INFORMANT <b>Anna Fiedeler</b> (ADDRESS) <b>3630 Arsenal St.</b>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 9, 1939**  
 22. I HEREBY CERTIFY, That I attended deceased from **May 1, 1936 to March 9, 1939**  
 I last saw him alive on **March 9, 1939** Death is said to have occurred on the date stated above, at **12:40 P.M.**  
 The principal cause of death and related causes of importance were as follows:

*Arterio-sclerosis, general  
 the myocarditis  
 the interstitial nephritis*

Date of onset	<b>May 36</b>
" "	" "
" "	" "

Other contributory causes of importance:

*Cerebral Hemorrhage (apoplexy)*

**3/2/39**

Name of operation ..... Date of .....  
 What test confirmed diagnosis? **lab & clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? **no** 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. S. Langford** M. D.  
 (Address) **3115 S. Grand**

18. BURIAL, CREMATION, OR REMOVAL  
**S. Water and Paul Cem. DATE Mar. 13, 1939**

19. FUNERAL DIRECTOR (NAME) **J. B. Bieder**  
 (ADDRESS) **2842 Meramec St.**

20. FILED **MAR 12 1939**  
**J. B. Bieder**  
 Local Registrar

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address 2842 Meramec St.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**St. Louis, Mo.**

**If this body is not embalmed, above space should be left blank.**