

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.

Registration District No. **791** Primary Registration District No. _____

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4829 Germania
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days Life

3. (a) PRINT FULL NAME George Peter Fiegel 240
 3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex male 5. Color or race White
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased August 10, 1858
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>7</u>	<u>29</u>	hr. _____ min.

9. Birthplace Belleville Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business Dry goods store

MOTHER FATHER
 { 12. Name John Fiegel
 { 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Margaret Spindler
 { 15. Birthplace Not known Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Brenda Riff
 (b) Address 4829 Germania

17. (a) burial (b) Date thereof 4/12/40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New SS Peter & Paul

18. (a) Signature of funeral director John J. Zimmerman
 (b) Address 7027 Gravois

19. (a) APR 11 1940 (b) J. B. Brudick
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis, Mo 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4829 Germania
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 4-9-40 day _____
 year _____ hour 10¹⁰ AM M.
 21. I hereby certify that I attended the deceased from Jan 4, 1940, to 4-9-40, 1940;
 that I last saw him alive on 4-9-40, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration 1 year
Chronic myocarditis
 Due to second atherosclerosis (bleeding thrombosis) 2nd.
 Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (b) Means of injury _____
 23. Signature D. P. Fiegel (M. D. or other) _____
 Address 45235 Grand Highway Date signed 4/10/40

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.....

C. P. K. [Signature]

Licensed Embalmer No.....

3977

P. O. Address.....

143 [unclear]

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.)

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