No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40764

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 10535

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: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one day (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 1428 Menard
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 50 years years.

3. (a) PRINT FULL NAME August Fiedler

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Fredricka

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased November 1, 1864
(Month) (Day) (Year)

8. AGE: Years 76 | Months 1 | Days 19 | If less than one day hr. min.

9. Birthplace Not known (City, town, or county) Germany (State or foreign country) 6

10. Usual occupation Blacksmith 6

11. Industry or business 6

FATHER
12. Name Franz Fiedler 6
13. Birthplace Not known (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Not known
15. Birthplace Not known (City, town, or county) Germany (State or foreign country)

16. (a) Informant Fredricka Fiedler
(b) Address 1428 Menard.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12/23/40 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Jno S Ziegenhein & Sons
(b) Address 7027 Gravois

19. (a) DEC 23 1940 (Date received local registrar) (b) J H Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 20
year 1940 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertrophy of Heart
Hydronephrosis of Kidney
Due to with Calculi

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Alfred G Perry (M. D. or other)
Address Cupples Corona Date signed 12/24/40

(Licensed Embalmer's Statement on Reverse Side)

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. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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

If this body is not embalmed, fact should be so stated above.