

FILED AUG 8 1941

Registration District No. 754

Primary Registration District No. 200

Registrar's No. 1420

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Baden Sta. - N. Ferdinand Exp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route #4, Highway 99, Baden Sta.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 50 yrs. (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town Baden, Station.
(If outside city or town limits, write "RURAL")
(d) Street No. Highway #99 Route #4.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1941 hour 11:30 minute _____ A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw her alive on July 3rd, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Chro. Myo-carditis -
Endo-carditis - Mitral insufficiency - 3 yrs.
Chr. Cholecystis.

Secondary: LaGrippe - March 8 - 1 week
Acute exacerbation - Cholelithiasis - Vomiting -
Due to Inanition, Myocardial decompensation.
Uremia - Myo cardiac collapse.

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No

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) No
(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? No (Specify type of place) (e) Means of injury _____

23. Signature D. L. [Signature] (M. D. or other) _____
Address 3718 Jennings Rd. Pine Lawn, Mo. Designated 7-6-'41

3. (a) PRINT FULL NAME Catherine Fiebig
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late of Gustave Fiebig 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 12, 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 22
If less than one day _____ hr. _____ min.

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

10. Usual occupation housework

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Walter
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Mary Klink
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Walter Fiebig
(b) Address RR #4 Baden Station

17. (a) Burial (b) Date thereof 7-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Bethany

18. (a) Signature of funeral director. Hy. Leidner Unds. Co.

(b) Address 2223 St. Louis Ave.

19. (a) JUL 5 1941 (b) [Signature]
(Date of local health officer) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Licensed Embalmer No.....

P. O. Address.....

.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, fact should be so stated above.