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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. 28146

FILED SEP 8 1942

Registration District No. 1924 Primary Registration District No. 200 Registrar's No. 1813

**1. PLACE OF DEATH:**

(a) County St Louis

(b) City or town Ballwin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pine Crest Home 4 (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)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County 080

(c) City or town St Louis 17 (If outside city or town limits, write "RURAL") 9

(d) Street No. Ozanam Shelter (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME JOHN FIEDELDEY.

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex M O 5. Color or race Wh 6. (a) Single, widowed, married, divorced Unk 9

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

7. Birth date of deceased 12 (Month) – 18 (Day) – 1859 (Year)

8. AGE: Years 82 Months 8 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace St L (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation unknown

11. Industry or business

FATHER
12. Name John Fiedeldey
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name ? Buesing
15. Birthplace unk (City, town, or county) 9 (State or foreign country)

16. (a) Informant Pine Crest Home

(b) Address Ballwin Mo

17. (a) Oak Hill (Burial, cremation, or removal) (b) Date thereof 8-31-42 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Louis H Bopp, Inc

(b) Address Kirkwood Mo

19. (a) AUG 29 1942 (Date received local registrar) (b) E. G. McGurran (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 20th year 1942 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 9th 1942, to August 20th 1942 that I last saw him alive on August 20th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis

Due to .....

Due to .....

Other conditions Arteriosclerosis (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.

13 10

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 R. H. Jansen M. D. (M. D. or other)

Address Manchester, Mo. Date signed 8/20/42

(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 Louis H Bopp

Licensed Embalmer No. 921

P. O. Address Kirkwood Mo

**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.**