V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 20 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32273

State File No.

Registration District No. 818 Primary Registration District No. L1003 Registrar's No. 8725

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

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:
3633 Meramec Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ----- (Specify whether
In this community 11 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3633 Meramec Street
(If rural, give location)

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

If yes, name country ---------

3. (a) PRINT FULL NAME Mrs. Martha Fiehler

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

4. Sex Female 1 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed 2

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

7. Birth date of deceased August (Month) 10, (Day) 1868 (Year)

8. AGE: Years 76 Months 2 Days 1 If less than one day hr. min.

9. Birthplace Frohna, (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation At Home

11. Industry or business ------

FATHER
12. Name Mr. John Militzer
13. Birthplace (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Mrs. Caroline Wachter
15. Birthplace (City, town, or county) 4 Germany (State or foreign country)

16. (a) Informant Mr. Rudolph Fiehler
(b) Address 3915 Dover

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof October 14, '44 (Month) (Day) (Year)
(c) Place: burial or cremation Frohna, Missouri.

18. (a) Signature of funeral director Beiderwieden FuneralH.Inc.
(b) Address 1936 St. Louis Avenue

19. (a) OCT 13 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11
year 1944 hour 7th minute 15 P.M.

21. I hereby certify that I attended the deceased from 11-2-41, 1944, to Oct 11, 1944
that I last saw him alive on 10-10-, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Artero Sclerosis

Due to

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.

93d

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 Wm B. Kennedy (M. D. or other)

Address 4 5 Ow Olive Date signed Oct 12 44

(Licensed Embalmer's Statement on Reverse Side)

2-4 P.M.
Dr. Kourotz
4500 Olive

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. 3737

P. O. Address 1936 St. Louis

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.