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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32025

State File No. \_\_\_\_\_

Registration District No. 273

Primary Registration District No. 5914

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Perry

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

(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 75-8-13  
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79

(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Clothilda Fiehler

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 23 year 1947 hour 6 minute P M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Charles B. Fiehler

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased January 10 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 22 1947 to Sept 23 1947  
that I last saw her alive on Sept. 23 1947  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

|    |   |    |          |
|----|---|----|----------|
| 75 | 8 | 13 | hr. min. |
|----|---|----|----------|

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Cerebral Hemorrhage 22 hrs.

Due to Arterial Hypertension

Due to Atherosclerosis, General

9. Birthplace Perry Co. Missouri  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation House Wife

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name Carl Boehme

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Ernstine Schlimpert

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (c) Informant George Fiehler

(b) Address Frohna Mo.

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? 0

17. (a) Burial (b) Date thereof 9-26-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frohna Mo.

While at work \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature Theodore Fischer M. D. or other M.D.  
Address Altenburg, Mo Date signed 9-25-47

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville, Mo

19. (a) 9-26-47 (b) Joe J. Bell  
(Date received local register) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4  
District File Number 1047-130  
No. 10-13-47

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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 *Edmund Young*  
Licensed Embalmer No. 2138  
P. O. Address *Pennville 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.**