FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 10 1948

Registration District No. 5-2

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5183

State File No. 25691

Registrar's No. 73

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: Shawneetown
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Shawneetown
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cape Girardeau
(c) City or town: Shawneetown (If outside city or town limits, write "RURAL") 16
(d) Street No.: Rural Shawneetown (If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: Herman G Fiedler
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Emilie Fiedler
6. (c) Age of husband or wife if alive: 67 years
7. Birth date of deceased: March (Month) 30 (Day) 1878 (Year)

8. AGE: Years 70 Months 4 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace: New Wells, Mo. (City, town, or county) (State or foreign country) 0
10. Usual occupation: Farming
11. Industry or business .....

MOTHER
12. Name: Valentine Fiedler
13. Birthplace: Germany (City, town, or country) (State or foreign country) 4

FATHER
14. Maiden name: Mary Kaster
15. Birthplace: Leniontown, Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant: Eldon Fiedler
(b) Address: Cape Girardeau Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/29/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Shawneetown Mo
18. (a) Signature of funeral director: Fred Kahmert
(b) Address: New Wells Mo
19. (a) 8-27-48 (Date received local registrar) (b) D. G. Fischer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26th year 1948 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from April 25, 1940 to August 26, 1948 that I last saw him alive on 8-23, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	
Due to: Arteriosclerosis General	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: Theodore Fischer (M. D. or other)
Address: Altenburg, Mo. Date signed 8/28/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 948

Date Filed 9-9-

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 B K Meyer

Licensed Embalmer No. 3051

P. O. Address Jackson Miss.

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.