

FILED MAR 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8228

State File No.

360

BIRTH NO.		REG. DIST. NO. <u>110</u>		PRIMARY REG. DIST. NO. <u>4181</u>		Registrar's No. <u>5-</u>		
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Berger</u>		c. LENGTH OF STAY (in this place) <u>12 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Berger, - Boeuf</u>		0360		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>His Residence</u>				d. STREET ADDRESS (If rural, give location) <u>Main Street</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUIS</u>		b. (Middle) <u>MATTHEW</u>		c. (Last) <u>FIESELMANN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 11 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>6-7-1865</u>		
9. AGE (in years last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>4</u>		IF UNDER 24 HRS. Hours <u>4</u> Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Berger R.F.D. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Fieselmann</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Speaker</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Whalika Fieselmann</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Henry Fieselmann, Berger, Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Angina pectoris</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> <u>?</u> <u>3 1/2 X</u> <u>11 years</u>	
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>						
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>10/30</u> 19 <u>38</u> , to <u>3-11</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-10</u> , 19 <u>50</u> , and that death occurred at <u>2:15 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>B. P. Eisenmann M.D.</u>				23b. ADDRESS <u>New Haven, Mo.</u>		23c. DATE SIGNED <u>3/11/50.</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/13/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. John's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Berger, Mo</u>		
DATE REC'D BY LOCAL REG. <u>Mar. 13-1950</u>		REGISTRAR'S SIGNATURE <u>Jessie Grammarus</u>		93		25. FUNERAL DIRECTOR'S SIGNATURE BUSINESS <u>Paul H. Stamm Berger Mo</u>		

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

RECEIVED
MAR 20 1950
District Health Officer No. 9,
District File Number

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

working under my personal supervision.

Student Embalmer No.

Signed *Gustav W. Dietrich*

Signed.....
Student Embalmer

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, 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.