

FILED NOV 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35021**
Registrar's No. **9506**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
c. LENGTH OF STAY (in this place) **52 Days**
d. FULL NAME OF HOSPITAL OR INSTITUTION **Barnard Free Skin & Cancer Hosp.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Mississippi**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Wolf Island**
d. STREET ADDRESS (If rural, give location) **AB70 /**

3. NAME OF DECEASED
a. (First) **William** b. (Middle) **O.** c. (Last) **Fierke** 4. DATE OF DEATH (Month) (Day) (Year) **10 27 1951**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **8-31-1884** 9. AGE (In years last birthday) **67** 10. MONTHS **27** 11. HOURS **27** 12. MINUTES **00** 13. SECONDS **00**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Walt** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) **Illinois** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Fred W. Fierke** 13b. MOTHER'S MAIDEN NAME **Margaret Winchester** 14. NAME OF HUSBAND OR WIFE **Oliphant Fierke**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **Hospital Record - Barnard Hospital** ADDRESS _____

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, asthma, etc. It means the disease, injury, or complication which caused death.**
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma of left Kidney**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Laboratory evidence of Kidney failure.**

INTERVAL BETWEEN ONSET AND DEATH
YES NO

19a. DATE OF OPERATION **10/17/51** 19b. MAJOR FINDINGS OF OPERATION **Carcinoma of the left Kidney** 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR **180X**

22. I hereby certify that I attended the deceased from **9-4**, 19**51**, to **10-27**, 19**51**, that I last saw the deceased alive on **10/27**, 19**51**, and that death occurred at **2:00 A.** m., from the causes and on the date stated above.

23a. SIGNATURE **William J. Natoli** (Degree or title) **M.D.** 23b. ADDRESS **Barnard Hospital - St. Louis, Mo.** 23c. DATE SIGNED **10-27-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **10-27-51** 24c. NAME OF CEMETERY OR CREMATORY _____ 24d. LOCATION (City, town, or county) (State) **East Prairie, MO**

DATE REC'D BY LOCAL REG. **OCT 27 1951** REGISTRAR'S SIGNATURE **J. Carl Smith, M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Albert Hoppe** ADDRESS **4700 Washington**

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

Handwritten notes on the left margin.

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 _____ John Dennehy _____

Signed.....
Student Embalmer

Licensed Embalmer No. 4194 _____

P. O. Address _____

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.