

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35349

State File No. \_\_\_\_\_  
Registrar's No. **8505**

**FILED OCT 26 1954**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>70 Years</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Enroute to Homer Phillips Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>4214 W. Sacramento Avenue, 15,</b>	
3. NAME OF DECEASED (Type or Print) <b>FRED</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 15th, 1954</b>	
a. (First) <b>FRED</b>		b. (Middle) <b>L.</b>	
c. (Last) <b>FIEBIG, SR.,</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>August 2nd, 1870</b>
9. AGE (In years last birthday) <b>84</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Park Dep't., City of St. Louis</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>	
13a. FATHER'S NAME <b>August Fiebig</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline (Unknown)</b>	
14. NAME OF HUSBAND OR WIFE <b>Martha W. Fiebig nee Vogel</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>494-36-5338</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Martha W. Fiebig,</b>		ADDRESS <b>4214 W. Sacramento Ave.,</b>	
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.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bilateral hemothorax and multiple fractures</b>		suffered when struck by auto driven by	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>one Anthony Vaccaro in front of about</b>		4202 W. Natural Bridge, about 6:05A.M.	
DUE TO (c) <b>4202 W. Natural Bridge, about 6:05A.M.</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Sept. 15, 1954. ACCIDENT</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>See above</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>9/15/54 6:05A m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>See above</b>	<b>F 8124</b>
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>6:15A, m.,</b> from the causes and on the date stated above. <b>25</b>			
23a. SIGNATURE (Degree or title) <b>Calvin E. Feutz</b>		23b. ADDRESS <b>21300 Chestnut</b>	23c. DATE SIGNED <b>9/17/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>9/18/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Johns Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
DATE REC'D BY LOCAL REG. <b>SEP 17 1954</b>	REGISTRAR'S SIGNATURE <b>Charles Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>CALVIN F. FEUTZ, 4838 Natural Bridge Blvd. FUNERAL HOME INC., St. Louis, 15, Missouri</b>	

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

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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Rueph C. Zanders*

Licensed Embalmer No. 427

P. O. Address *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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.