

FILED JUN 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20632

State File No.

BIRTH NO. _____ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 547 Registrar's No. 1210

1. PLACE OF DEATH
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights c. LENGTH OF STAY (in this place) 8 yrs.

c. CITY OR TOWN Richmond Heights d. Is Residence within limits of a city or incorporated town? 0 Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1412 Bredell Ave.

STREET ADDRESS (If rural, give location) 1412 Bredell Ave.

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM PETER b. (Middle) FIEBIG c. (Last) WILLIAM PETER FIEBIG

4. DATE OF DEATH (Month) (Day) (Year) May 27th 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept. 7, 1901 9. AGE (In years last birthday) 53 IF UNDER 1 YEAR Months 8 Days 20 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work including most of working life, even if retired) Filing Sta. Employee Cooper's Serv. 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Stuttgart, Germany 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Julia Fiebig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. 194-01-6185 17. INFORMANT'S SIGNATURE OR NAME Julia Fiebig ADDRESS 1412 Bredell Ave.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown natural causes

ANTECEDENT CAUSES DUE TO (b) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c) _____

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 _____

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) 7955

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE Herbert R. Donke (Degree or title) M.D., Local Registrar 23b. ADDRESS 651 S. Brentwood Blvd. 23c. DATE SIGNED 6/7/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE May 31 1955 24c. NAME OF CEMETERY OR CREMATORY Conway Cemetery 24d. LOCATION (City, town, or county) (State) Conway Mo.

DATE REC'D BY LOCAL REG. 5/27/55 REGISTRAR'S SIGNATURE Herbert R. Donke 25. FUNERAL DIRECTOR'S SIGNATURE H. N. Bocklage ADDRESS 6536 Clayton Road.

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.....

John J. Haines

Licensed Embalmer No. 4108

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.