WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35026

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. LOUIS, (No. 3221 Alfred Avenue St. ..... Ward)

File No. .....

Registered No. 10001

2. FULL NAME Conrad Fiedler.

(a) Residence. No. 3221 Alfred Avenue St., 16 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances Fiedler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 29. 1842.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
86	8	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Watchman.

(b) General nature of industry, business, or establishment in which employed (or employer) Street Department

(c) Name of employer City of St. Louis.

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Dont know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dont know

12. MAIDEN NAME OF MOTHER Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dont know

14. INFORMANT Wm Fiedler
(Address) 3221 Alfred Avenue.

15. FILED ... 1923 Mark Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2 10/10

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 10 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1928, to Oct. 10, 1928 that I last saw h... alive on Oct. 10, 1928, and that death occurred, on the date stated above, at 6 45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93 E

97 Myocarditis Chronic

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) don't know yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Don't know

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Walter Bidmann M.D.

Oct 11, 1928 (Address) 3146 Morganford Rd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St. Matthew Cemetery	Oct. 13 1928

20. UNDERTAKER J. H. Gebhen L. and M. Co

ADDRESS 2642 Meramec