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.

14183

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 3517

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis. (No. Enroute City Hospital. St. ..... Ward)

2. FULL NAME George F. Fiedler.

(a) Residence, No. 5026 Nottingham Ave. St., 14 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 16, 1864.

7. AGE: YEARS 68 | MONTHS -- | DAYS 22. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker. 23
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Welle Boettler.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany. 10

FATHER

13. NAME: Conrad Fiedler.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

MOTHER

15. MAIDEN NAME: Dont Know.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know. 31

17. INFORMANT (ADDRESS): Wm Fiedler 5026 Nottingham Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Lebanon Cem DATE Apr. 12, 1932.

19. UNDERTAKER (ADDRESS): J. N. Gebken L & H Co. 2842 Meramec St.

20. FILED APR 10 1932, 19 ..... Max C. Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 5th, 1931, to 8/30/30 to April, 1932
I last saw him alive on April 11, 1932. Death is said to have occurred on the date stated above, at 1:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
angina Pectoris 92A	8/30/30
arteria Sclerosis 90(?)	
Chronic myocarditis 92C	
Chronic Endocarditis	

Other contributory causes of importance: [signature]

Name of operation ✓ Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19.....
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) R. E. Kuhlmann, M. D.
(Address) 16 W. Eore ave Webster Grove