

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

Do not use this space.

15321

**1. PLACE OF DEATH**

County Buchanan  
Township .....  
City St. Joseph (No. ....)

Registration District No. 85  
Primary Registration District No. 1001  
2215 Edmond street

File No. ....  
Registered No. 444  
St. .... Ward)

**2. FULL NAME** Theresia Fiedler

(a) Residence, No. 2215 Edmond St., ..... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? 37 yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>John Fiedler</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>November 7, 1838</b>		
7. AGE <b>93</b>	YEARS	MONTHS
	<b>93</b>	<b>5</b>
	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<b>26</b>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>None</b>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....	
	10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown Germany 10</b>	
	13. NAME <b>Frank Jonek</b>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown Germany</b>	
	15. MAIDEN NAME <b>? Corhn</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown Germany</b>	
17. INFORMANT <u>Mrs. B. Hafner</u> (ADDRESS) <u>2215 Edmond St. St. Joseph Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Mt. Olivet Cemetery</u> PLACE <u>St. Joseph Mo.</u> DATE <u>MAY 6</u> 19 <u>32</u>		
19. UNDERTAKER <u>H. O. Stedenaden</u> (ADDRESS) <u>1802 Union St St. Joseph Mo.</u>		
20. FILED <u>MAY 5 1932</u> <u>J. M. K. Bender</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 3** 19 **32**

22. I HEREBY CERTIFY, That I attended deceased from April 1928, to May 3 1932

I last saw her alive on May 3 1932. Death is said to have occurred on the date stated above, at 3:30P.m.

The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis

Other contributory causes of importance:  
none

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?  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 Gustav A. Lar M. D.  
(Signed) Clarkpatrick Bledy  
(Address) .....

WHITE 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.

JUN 21 1932

