

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.

MAY 25 1934

1. PLACE OF DEATH

County Gasconade
Township Boulevard
City Boyer (No. _____)

Registration District No. 307
Primary Registration District No. 5425

File No. 12492

Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

6A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

Lena Fiegler

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 2 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Former

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) March 1934

11. Total time (years) spent in this occupation Always

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis Co.

13. NAME

Frank P. Fiegler

MOTHER FATHER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Prussia
Germany

15. MAIDEN NAME

Elizabeth Vogelsang

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Pungo
Germany

17. INFORMANT (ADDRESS)

Ben Fiegler
St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bay Cemetery DATE April 16, 1934

19. UNDERTAKER (ADDRESS)

Wm. Gattenstroetter
Turnersville Mo.

20. FILED 4/14 - 1934 Mrs. J. B. Meyer
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14th, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 12th, 1931, to April 14th, 1931.

I last saw him alive on April 13th, 1934. Death is said to have occurred on the date stated above, at 3 a. m.

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

Date of onset

Chronic Nephritis May 1934

Other contributory causes of importance:

Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Symptoms Were 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? _____

If so, specify E. G. Rhodius, M. D.

(Signed) E. G. Rhodius

(Address) Bay View

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Gasconade
Township Boileau

Registration District No. 307
Primary Registration District No. 5425

File No.

Registered No.

City Edward (No. 1 St. 1 Ward)

2. FULL NAME

(a) Residence No. Edward Fiegler St. 1 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-1-1864

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED

19

(Mrs. F. B. Meyer)
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10 to 19

I last saw h. alive on 10, 19 19. Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:
Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) , M. D.

(Address)

5-12492