

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

Do not use this space.

JAN 10 1937

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St Louis** (No. **2545 Montgomery St**)

File No. **46969**
12792
Registered No.
St. Ward)

2. FULL NAME Maggie Fiebig

(a) Residence, No. 2545 Montgomery St., 20 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 19 1871**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
65 6 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Household**
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) **St Louis County Mo**

FATHER 13. NAME **John Kolash**

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

MOTHER 15. MAIDEN NAME **Dorothy Straub**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis Co Mo**

17. INFORMANT **Mrs Clara Tippett**
(ADDRESS) **2545 Montgomery St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Bethlehem** DATE **Dec 31, 1936**

19. UNDERTAKER **Beiderwieden Funeral Home Inc**
(ADDRESS) **1936 St Louis**

20. FILED **DEC 29 1936** **J. H. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 28 1936** 19

22. I HEREBY CERTIFY, that I attended deceased from **1932** to **Dec 27 1936**

I last saw her alive on **Dec 10 1936** at **7:30 P M** Death is said to have occurred on the date stated above, atm.

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

**Cancer of stomach
primary seat of cancer
in uterus**

Date of onset **1932**

Other contributory causes of importance: **48**

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) **W. H. Bredeck** M. D.
(Address) **970 Academy**

St Louis Mo

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.

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