

REC'D FEB 28 1939

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

4209
Do not use this space.

1. PLACE OF DEATH
(a) County Warren 2 Registration District No. 881
(b) Township _____ Primary Registration District No. 4532 Registered No. 4
(c) City Warrenton (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Johanna Fieth
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Henry Fieth
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/8-1848
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
90 10 30
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as 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) Near Warrenton, Missouri
13. NAME Fredrich Biesemeier
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known
17. INFORMANT (ADDRESS) Louis Fieth, Warrenton, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Fun. Church DATE 1/8-1939
19. FUNERAL DIRECTOR (ADDRESS) F. W. Hurling, Son, Warrenton, Mo.
20. FILED Jan. 9, 1939 A. W. Cheery Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/7-1939
22. I HEREBY CERTIFY, That I attended deceased from 11-16, 1938, to 1-7, 1939.
I last saw her alive on 1-6, 1939. Death is said to have occurred on the date stated above, at 12/15 AM.
The principal cause of death and related causes of importance were as follows:
Chr. Myocarditis
Chr. Cardio-Vasculo-Renal Disease
Date of onset 11-15-38
Other contributory causes of importance:
Sensibility
Broncho-pneumonia
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) Arthur G. Gorman, M. D.
Address Warrenton, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, John F. Nieburg, Licensed Embalmer No. 3897
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed John F. Nieburg
Licensed Embalmer No. 3897

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)