MAY 12 1939

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

Do not use this space.

File No. 14451
Registered No. 162

1. PLACE OF DEATH

County Cape Girardeau — Registration District No. 125
Township South East Hospital — Primary Registration District No. 3009
City [illegible] (No. ..... , ... St. ..... Ward)

2. FULL NAME Carl H. Fiehler

(a) Residence, No. ..... St., ... Ward. Altenberg Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31 1896

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
42	5	21	

OCCUPATION
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. Carpenter Trade
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) Columbus Wis.

FATHER
13. NAME Henery Fiehler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo.

MOTHER
15. MAIDEN NAME Martha Dallmann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Henery Fiehler Altenberg Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Altenberg Mo. DATE April 26 39

19. UNDERTAKER (ADDRESS) Young & Sons Perryville Mo.

20. FILED 4-22 1939 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-19 1939, to 4-22 1939
I last saw him alive on 4-22 1939. Death is said to have occurred on the date stated above, at 11:36 p.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia (Hypostatic) — Date of onset

Other contributory causes of importance:
1 - Skull fracture
2 - Cerebral Concussion
3 - Fracture of rt shoulder
4 " " of rib

Name of operation ..... Date of .....
What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4-19 1939
Where did injury occur? Home of Leo Reisenbichler New Wells Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In Home
Manner of injury - Fell from Roof
Nature of injury Caused from fall

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Carpenter
(Signed) Albert M. Estes, M. D.
(Address) Jackson, 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.

Embalmined by--- Paul C Young

License No.-- 2138
Perryville Mo.