

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis MO  
(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community About 2 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2303 Delmar  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Feb day 12  
year 1942 hour 2:30 minute 31 M.  
21. I hereby certify that I attended the deceased from Jan 31  
1942 to Feb 12 1942  
that I last saw him alive on such 10 1942  
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death \_\_\_\_\_  
Due to Cardiac Distress

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address 1009 N. Keyway Date signed Feb 13

3. (a) PRINT FULL NAME Harry F Fiddler

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Male 5. Color Gr 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mattie Fiddler 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased 8/9/1872  
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 3 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Indiana (City, town, or county) (State or foreign country)

10. Usual occupation Show Actor

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Jack Fiddler  
13. Birthplace ? (City, town, or county) (State or foreign country)  
14. Maiden name Rachel Whellor  
15. Birthplace ? (City, town, or county) (State or foreign country)

16. (a) Informant Mattie Fiddler  
(b) Address 2303 Delmar

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/42 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Pinkie L. Toney  
(b) Address 3129 Lucas Ave

19. (a) MAR 13 1942 (Date received local registrar) (b) J. D. Bedeck (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Chikyoung

Licensed Embalmer No. 3371

P. O. Address St. Louis

**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.)**

**If this body is not embalmed, fact should be so stated above.**