

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40797

FILED JAN 5 1945

Registration District No. 5782

Primary Registration District No. 5782

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Burgal
(c) Name of hospital or institution: Attenberg Mo Star Route
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Burgal
(d) Street No. Attenberg Mo Star Route
(If rural, give location) 710
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mateidia FIEDLER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Martin Fiedler 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased July 28 1879
(Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Jacob Schmidt

13. Birthplace Columbia, Ill (City, town, or county) (State or foreign country)

14. Maiden name Eugenia Schmidt

15. Birthplace Paris, Mo (City, town, or county) (State or foreign country)

16. (a) Informant Martin Fiedler

(b) Address Attenberg Mo Star Route

17. (a) Burial (b) Date thereof 12-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Wells Cemetery

18. (a) Signature of funeral director Fred Karnert

(b) Address New Wells Mo

19. (a) 12-18-1944 (b) Henry W. Ruff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16th
year 1944 hour 2 minute 44 A.M.

21. I hereby certify that I attended the deceased from August 24 1938 to Dec. 16 1944

that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Duration 3 mos

Due to Diabetes Mellitus

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Theodore Fischer (M. D. or other) M.D.

Address Attenberg, Mo Date signed 12-16-44

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

600

16

RECEIVED

Sanitary Health Officer No. 4
District File Number 145-2
Date Filed 1-4-45

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.....

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

Signed *BA Meyer*.....

Licensed Embalmer No. 3057.....

P. O. Address *Jackson Mo*.....

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.