

DEPARTMENT OF COMMERCE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED JAN 14 1946 STANDARD CERTIFICATE OF DEATH

41204

State File No. _____

Registration District No. 12.8 Primary Registration District No. 2000 Registrar's No. 983

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John's Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days)

In this community 46 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 699 Cherokee
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Anthony J. Fiedler

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elizabeth Fiedler

6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased Feb. 26, 1875
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 5
hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Fiedler's Supply Co.

MOTHER FATHER { 12. Name Adam Fidler

13. Birthplace UNK. Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs. J.T. Sutcliffe

(b) Address St. Louis, Mo.

17. (a) Burial (b) Date thereof 12/4/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 12-4-45 (b) Dr WJ Hardy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1 year 1945 hour 4 minute 30a. M.

21. I hereby certify that I attended the deceased from Nov. 30, 1945 to 12-1, 1945
that I last saw him alive on Nov. 30, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia - Bacterial
Duration 5 da

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 107
- 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 St. P. Maddox (M. D. or other) _____
Address Springfield, Mo Date signed 12/3/45

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

39
2
6

39
✓
6
0

484

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 Walter E. Hamilton
Licensed Embalmer No. 3808
P. O. Address Brunswick, Ga.

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.

X