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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1946

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 35108 9007

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

**1. PLACE OF DEATH:**

(a) County

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

(c) Name of hospital or institution: 7IO EASTGATE AVE / (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

(c) City or town SAINT LOUIS: (If outside city or town limits, write "RURAL")

(d) Street No. # 7IO EASTGATE AVE. (If rural, give location)

(e) Citizen of foreign country NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JOHN DANIEL FIDLER

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

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED /

6. (b) Name of husband or wife MYRTA GRIMES FIDLER

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased APRIL (Month) 18 (Day) 1867 (Year)

8. AGE: Years 79 Months 6 Days 0 If less than one day hr. min.

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

10. Usual occupation BROKER

11. Industry or business MACHINERY

FATHER
12. Name JOHN J. FIDLER /
13. Birthplace (City, town, or county) PENN (State or foreign country)

MOTHER
14. Maiden name ALICE HAEGE /
15. Birthplace (City, town, or county) PENN / (State or foreign country)

16. (a) Informant MRS MYRTA G. FIDLER

(b) Address 7IO EASTGATE AVE

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof 10/21/46 (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE CREMATORY

18. (a) Signature of funeral director C. R. LUPTON & SONS

(b) Address 7233 DELMAR BLVD.

19. (a) OCT 21 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct day 18 year 1946 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 19, 1946, to Oct 18, 1946; that I last saw him alive on Oct 18, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration: several years

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature W. S. Brown (M. D. or other)

Address 3903 Olive Date signed 10/18/46

(Licensed Embalmer's Statement on Reverse Side)

St. Sidney Brown
3903 Olive St.
JE 5600
10-12 hrs.

**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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood, 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.**