

U.S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED AUG 26 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **28322**  
Registrar's No. **9**

Registration District No. **998** Primary Registration District No. **5719**

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

**1. PLACE OF DEATH:**

(a) County Mason

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Macon

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Raymond Fiedler

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 1

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month 8 day 15  
year 1947 hour 6 minute 15 M.

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death STRANGULATION

Due to HANGING SELF by rope placed AROUND NECK TYING ONTO  
Due to ROUND OF LADDER IN BARN ALLOWING SELF TO SLUMP TO

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

4. Sex male 5. Color or race slk

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

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased 11 - 7 - 1869  
(Month) (Day) (Year)

**8. AGE:** Years 77 Months 9 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Austria 4  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED COOK MINER

**11. Industry or business**

12. Name W. Fiedler

13. Birthplace Austria 4  
(City, town, or county) (State or foreign country)

14. Maiden name Pauline Ecker

15. Birthplace Austria 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Fiedler

(b) Address Brewer Mo

17. (a) Burial (b) Date thereof 8-18-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Cemetery

18. (a) Signature of funeral director W. Edwards

(b) Address Brewer Mo

19. (a) Aug 21-47 (b) Josephine King  
(Date received local registrar) (Registrar's signature)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy none

**22. If death was due to external causes, fill in the following:**

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence 8-15-47

(c) Where did injury occur? Brewer Mason Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
IN BARN NEAR HOME  
While at work? no (Specify type of place) (e) Means of injury HANGING

23. Signature W. Edwards 3  
(Date) (City, town, or county) (State, D. or other)

Address Brewer Mo Date signed 8/15/47

STATEMENT BY LICENSED EMBALMER

RECEIVED  
District Health Officer No. 10  
District File Number 8-47-1142  
Date Filed AUG 25 1947

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

*A. S. Edwards*

Licensed Embalmer No. 1961

P. O. Address *Beverly, 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.