

**MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH**

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

State File No. **22786**

**FILED JUL 23 1948**  
Registration District No. **273**

Primary Registration District No. **5914**

Registrar's No. **41**

1. PLACE OF DEATH:  
 (a) County **Perry**  
 (b) City or town **Rural Brazeau**  
(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 **78-7-4**  
(Specify whether years, months or days)  
 In this community **78-7-4**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Perry**  
 (c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **0**  
(If rural, give location)  
 (e) Citizen of foreign country? **0** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Charles B. Fiehler**  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **June** day **5** year **1948** hour **4** minute **45 P.M.**

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced, **Widowed**  
 6. (b) Name of husband or wife **Clothilda Fiehler**  
 6. (c) Age of husband or wife if alive **31** years **1869**  
 7. Birth date of deceased **October 31 1869**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **May 10 1948** to **June 5 1948**  
 that I last saw him alive on **June 5 1948**  
 and that death occurred on the date and hour stated above.

8. AGE: Years **78** Months **7** Days **4**  
 If less than one day hr. min.

Immediate cause of death:  
**Cerebral Hemorrhage**  
**Atherosclerosis General**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Duration  
**4 days**  
**8 years**

9. Birthplace **Perry Co. Missouri**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **Farmer**

Major findings:  
 Of operations **43a**  
 Of autopsies \_\_\_\_\_

PHYSICIAN  
 Underline the cause of which death should be charged statistically.

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name **Robert Fiehler**  
 13. Birthplace **Perry Co. Missouri**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Magdalena Naumann**  
 15. Birthplace **Perry Co. Missouri**  
(City, town, or county) (State or foreign country)  
 16. (a) Informant **Edward Fiehler**  
 (b) Address **Perryville Mo.**  
 17. (a) **Burial** (b) Date thereof **6-9-1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Frohna Mo**  
 18. (a) Signature of funeral director **Young Sons**  
 (b) Address **Perryville Mo**  
 19. (a) **June 9 1948** (b) **Jon J. Zwick**  
(Date received local registrar) (Signature)

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? **Theodore Fiehler** (M. D. or other) **W.D.**  
 23. Signature **Theodore Fiehler** Address **Altensburg Mo** Date signed **6/8/48**

RECEIVED

Public Health Officer No. 4  
District File Number 748-9  
Date Filed 7-26-1

DEC 27 1948

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 Wallace Young  
Licensed Embalmer No. 4027

P. O. Address Perryville

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.