

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25923

Registration District No. 117

Primary Registration District No. 5436

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Rural-Boulware 0
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Her Residence /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime years, months or days

3. (a) PRINT FULL NAME Wilhelmina Fiegler

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, Married, Never Married
6. (b) Name of husband or wife Sam Fiegler 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased July 24 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 -0- 29 hr. min.

9. Birthplace Bay Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housekeeper

12. Name Herman Koelling

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

14. Maiden name Louise Deppe

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

16. (a) Informant Louis Fiegler

(b) Address Bay, Missouri

17. (a) Burial (b) Date thereof 8/25/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perching, Mo.

18. (a) Signature of funeral director E. G. Rhodiens

(b) Address Hermann, Mo.

19. (a) 8/23/48 (b) Dr. M. J. Wells
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 8 Miles N.W. Of Bay, Mo 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23rd
year 1948 hour 12 minute 45A M.

21. I hereby certify that I attended the deceased from Sept. 10/1928
1948 to Aug 23 1948
that I last saw her alive on Aug 17th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis

Due to Myocarditis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: None

Of operations _____
Of autopsy No 13183

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

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

(b) Date of occurrence _____

(c) Where did injury occur? _____

(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 E. G. Rhodiens (M. D. or other)

Address Hermann Mo. Date signed 8/23/48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed SEP 3 - 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 Chas. N. Pope

Licensed Embalmer No. 2552

P. O. Address Hermann, 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.