

No. 300  
-10-47  
-17-39  
-1 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED DEC 8 1948 318  
Registration District No. 318

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
Primary Registration District No. 1003

State File No. 38100  
10386  
Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
2927 Sullivan Ave.  
(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)

3. (a) PRINT FULL NAME Anna Fiebig

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, divorced Married

6. (b) Name of husband or wife Charles A. Fiebig

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Jan. 7, 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>77</u>	<u>10</u>	<u>20</u>	hr. min.
-----------	-----------	-----------	----------

9. Birthplace St. Louis  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business.....

12. Name John Clarner

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

14. Maiden name Augusta Kummer

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

16. (a) Informant Charles A. Fiebig

(b) Address 2927 Sullivan Ave.

17. (a) Burial (b) Date thereof 11/30/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery  
Paeschedag-Henke

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

(b) Address 2825 N. Grand Blvd.

19. (a) NOV 30 1948 (b) J. B. Kasater  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 2927 Sullivan Ave.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27th  
year 1948 hour 8 minute 50 P.m.

21. I hereby certify that I attended the deceased from Feb 1946 to 27 Nov. 1948  
that I last saw her alive on 27 Nov. 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arterial hemorrhage

Due to Arteriosclerosis

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
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 M. D. Freeman (M. D. or other) M. D.  
Address 3633 N. Newstead Date signed 29 Nov 48

---

---

**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.....

*Albert G. Kopp*

Licensed Embalmer No. 2971

P. O. Address.....

**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:**