

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45286

FILED JAN 19 1954

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State File No.

12114

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN St. Louis c. LENGTH OF STAY (In this place)
c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 3513 N. Spring Ave
e. STREET ADDRESS (If rural, give location) 10 3513 N. Spring Ave 2190

3. NAME OF DECEASED (Type or Print) a. (First) JENNIE b. (Middle) MEYER c. (Last) FIEBIG
4. DATE OF DEATH (Month) (Day) (Year) Dec. 22 1953

5. SEX Female/ 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH March 15 1878 9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 18 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Conrad Fleiter 13b. MOTHER'S MAIDEN NAME Not Known 14. NAME OF HUSBAND OR WIFE Emil Fiebig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Florence Killoren 8319 Garfield

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Intoxication Heart Disease*
ANTECEDENT CAUSES DUE TO (b) *Infection of myocardium.*
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 4200

22. I hereby certify that I attended the deceased from Oct 21, 1953, to Dec 22, 1953, that I last saw the deceased alive on Dec 19, 1953, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE *[Signature]* (Degree or title) 23b. ADDRESS 4952 Maryland 23c. DATE SIGNED Dec 23 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 12 24 53 24c. NAME OF CEMETERY OR CREMATORY Jefferson Barracks 24d. LOCATION (City, town, or county) (State) St. Louis County Mo.

DATE REC'D BY LOCAL REG. DEC 23 1953 REGISTRAR'S SIGNATURE *[Signature]* 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Buchholz Koeller 5967 W. Florissant

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

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Walter J. Beckwith*.....

Licensed Embalmer No. *755*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.