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FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38197
9844

State File No. 9844
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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 township) OR TOWN ST LOUIS		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. 1909 OREGON		e. STREET ADDRESS (If rural, give location) 23 1909 OREGON		23 1909 OREGON 223/10	

3. NAME OF DECEASED (Type or Print) HENRY J FIDMANN			4. DATE OF DEATH NOV 10 1955		
a. (First)		b. (Middle) J		c. (Last) FIDMANN	

5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH APRIL 9-1861		9. AGE (In years last birthday) 94		10. MONTHS UNDER 1 YEAR		11. HOURS UNDER 1 DAY		12. MINUTES UNDER 1 HR.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-CONTRACTOR		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) GERMANY		12. CITIZEN OF WHAT COUNTRY? U-S-A	
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13a. FATHER'S NAME CHRISTIAN FIDMANN		13b. MOTHER'S MAIDEN NAME UNKNOWN LOCHNAS		14. NAME OF HUSBAND OR WIFE LENA K FIDMANN (De'd)	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME LENA M Latal		ADDRESS 1909 Oregon	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 3 weeks	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Infirmities of age</i>		Generalized arteriosclerosis					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 450.0				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 10-26, 1955, to 11-10, 1955, that I last saw the deceased alive on 11-10, 1955, and that death occurred at 6:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE Geo. R. Seib MD (Degree or title)		23b. ADDRESS 2327 Lafayette		23c. DATE SIGNED 11-11-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE NOV-12-1955		24c. NAME OF CEMETERY OR CREMATORY ST. PETERS CEM.		24d. LOCATION (City, town, or county) (State) WASHINGTON MO	
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DATE REC'D BY LOCAL REG. NOV 12 1955		REGISTRAR'S SIGNATURE J Carl Smith - MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kuttin Funeral Home 2906 Gravois	
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(Licensed Embalmer's Statement on Reverse Side)

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 *James C. Hill*.....
Licensed Embalmer No. *4347*.....
P. O. Address *2906 Da*.....

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.