

FILED OCT 16 1957

STANDARD CERTIFICATE OF DEATH

38712  
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2292

S. 300  
1-56

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS COUNTY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Moline Acres ACRES</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Moline Acres 4000</b> <b>St. Louis County 0</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>11863 Highway #67</b>		Length of stay in lb <b>years</b>	d. STREET ADDRESS (If outside, give location) <b>11863 Highway #67</b>

3. NAME OF DECEASED (Type or print) <b>MRS. ANNA FIEBIG</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>14</b> Year <b>1957</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 29. 1890</b>		9. AGE (In years last birthday) <b>66</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and state or country) <b>East St. Louis Ill</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Benjamin Pieper</b>			14. MOTHER'S MAIDEN NAME <b>Anna Ortgiar</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Walter G Fiebig Husband. 11863 Hy. #67</b>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Several years</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	<b>4222</b>
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	

21. I attended the deceased from <b>March 24-57</b> to <b>Sept 14-57</b> and last saw her <b>alive</b> on <b>Sept 14-57</b> Death occurred at <b>345</b> <b>2</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W. S. Brown M.D.</b>	(Degree or title)	22b. ADDRESS <b>3903 Olive St. St. Louis Mo.</b>	22c. DATE SIGNED <b>9/16/57</b>

23a. BURIAL-CREMATION. <b>Reburial</b>	23b. DATE <b>Sept. 17. 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bethlehem Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County Missouri.</b>
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24. FUNERAL DIRECTOR <b>Henry Leidner Und. Co</b>	ADDRESS <b>2223 St. Louis Ave</b>	25. DATE RECD. BY LOCAL REG. <b>9-16-57</b>	26. REGISTRAR'S SIGNATURE <b>Herbert A. Dombek MD</b>
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Securing the algebraic certification in this specific manner required by 193.140 MoRS 1947.

**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..... *Albert M. Affield*

Licensed Embalmer No. *30*

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.