

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014959

STATE FILE NUMBER

2563

1959 MAY 1

Registration District No.

Primary Registration District No.

Registrar's No.

300
1-57

4

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>MISSOURI PACIFIC HOSP.</i>		d. STREET ADDRESS (If outside, give location) <i>3616 S GRAND</i>	
3. NAME OF DECEASED (Type or print) First <i>ARTHUR</i> Middle <i>G</i> Last <i>FIEBIG</i>		4. DATE OF DEATH Month <i>MARCH</i> Day <i>9</i> Year <i>1959</i>	
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>MAY 1, 1915</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>RAILROAD</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>TERMINAL</i>	11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo.</i>
13a. FATHER'S NAME <i>ARTHUR B FIEBIG</i>		13b. MOTHER'S MAIDEN NAME <i>THERESA ZOELLER</i>	14. NAME OF HUSBAND OR WIFE <i>-----</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <i>YES WW-II</i>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <i>MRS. NIEMAN 3616 S GRAND</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i> <i>Coronary Sclerosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>420.1</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
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 _____ Month, Day, Year _____ a.m. _____ p.m. _____			
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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Paul M. Ziegenhein</i>		22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>3/13/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>CREMATION</i>	23b. DATE <i>3/14/1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>MISSOURI CREMATORY</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>J L ZIEGENHEIN & SONS 7027 GRAVOIS</i>		25. DATE RECD. BY LOCAL REG. <i>MAR 13 '59</i>	26. REGISTRAR'S SIGNATURE <i>Paul Smith. M.D.</i>

mjb

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 *E. P. Kudwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 Gravel*

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.