RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ILED VS NOV 3 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10491 STATE FILE NUMBER 60-039724

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 3 WKS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Bethesda Hosp
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo, b. COUNTY:
c. CITY OR TOWN: St Louis
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 6511 Michigan
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Wm William, Middle ~~Feidler~~ FEIDLER, Last Fielder
4. DATE OF DEATH: Month Oct. Day 27 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-10-1874
9. AGE (last birthday): 86
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Watchman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Illinois
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Gillman Fielder
13b. MOTHER'S MAIDEN NAME: Ester Talbert
14. NAME OF HUSBAND OR WIFE: Amelia
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 493-10-1568
17. INFORMANT: Amelia ~~Fendler~~ Fielder Address: 6511 Michigan

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Congestive H. Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart
DUE TO (c): Disease 4200
INTERVAL BETWEEN ONSET AND DEATH: 3wks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 10/13/60, to 10/27/60 and last saw ~~her~~ him alive on 10/27/60
Death occurred at 7:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Neal Allen D Baccalaureate Rev.
22b. ADDRESS: 4660 Maryland
22c. DATE SIGNED: 10/30/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 10/31/60
23c. NAME OF CEMETERY OR CREMATORY: Park Lawn
23d. LOCATION (City, town, or county) (State): St Louis Co Mo.

24. FUNERAL DIRECTOR: JOS. P. FENDLER JR. ADDRESS: 7120 MICHIGAN
25. DATE RECD. BY LOCAL REG.: OCT 31 1960
26. REGISTRAR'S SIGNATURE: Joan Smith, M.D.

17 BY AFFIDAVIT OF Amelia Fielder Funeral Director DOCUMENT Amelia Fielder 11/16/60 11/16/60

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed Clarence Koeho

Signature of Student Embalmer

Licensed Embalmer No. 30 9

P. O. Address 7178 Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.