N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 28 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

27571

1. PLACE OF DEATH
County St. Louis County — Registration District No. 790 — File No.
Township Central — Primary Registration District No. 6033 — Registered No.
City Clayton (No. St. Louis Co. Hospital St. Ward)

2. FULL NAME Geo Fleischer.
(a) Residence, No. 888 Rt. 14. River View Gardens Valley Drive. (Usual place of abode) Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna Fleischer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 10 1863

7. AGE: YEARS 70 — MONTHS 5 — DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Elevator Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Dry Good
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER
13. NAME: Carl Fleischer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Anna Geermann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Anna Fleischer, Route 14. Baden Station St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Bethlehem DATE Aug-25 1933

19. UNDERTAKER (ADDRESS): Beiderwieden Funeral home 1936 St Louis Ave, Ave

20. FILED Aug 24, 1933 K. W. Sullivan, Registrar.

MEDICAL CERTIFICATE OF DEATH

5

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/22/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 8/19/33, 19, to 8/22/33, 19
I last saw him alive on 8/22/33, 19 Death is said to have occurred on the date stated above, at 7:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
C. I. R. Disease	3 yrs
Cardiac Decompensation	
131	
95B	
111B	

Other contributory causes of importance:
Hypostatic Pneumonia
Anasarca
Hypertension

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. J. Casagrande M. D.
(Address) St Louis County Hosp