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.

REC'D MAR 14 1938

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

4563
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 1208

(c) City ..... (d) Street No. De Paul Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Catherine Fleher, 460

(a) Residence, No. 4212a N. Florissant Ave. St. 20
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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 Harry H. Fleher,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 17. 1890

7. AGE: Years 47 | Months 10 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. 0
(STATE OR COUNTRY) 0

FATHER

13. NAME Oscar Grimes, 0

14. BIRTHPLACE (CITY OR TOWN) Missouri.
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Frances Kirtman,

16. BIRTHPLACE (CITY OR TOWN) Missouri.
(STATE OR COUNTRY)

17. INFORMANT Harry H. Fleher,
(ADDRESS) 4212a N. Florissant Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 2/2/1938, 19

19. FUNERAL DIRECTOR W. A. Stock Und. Co.
(ADDRESS) 2117 E. Grand Blvd.

20. FILED FEB 1 1938 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29. 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1938, to Jan. 28, 1938, I last saw h..... alive on Jan 28, 1938. Death is said to have occurred on the date stated above, at 10.30 P. m.

The principal cause of death and related causes of importance were as follows:

Acute dilatation of heart following operation for removal of Carcinoma of rectum. | Date of onset

Other contributory causes of importance:

Name of operation Colostomy Date of Jan. 27

What test confirmed diagnosis? Clinical 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) W. M. Winn, M. D.

(Address) 4627 N. Taylor Ave.

(Licensed Embalmer's Statement on Reverse Side)

Dr Kenn
Jeff 3010
462 N. Taylor
1 - 3

STATEMENT BY LICENSED EMBALMER

I, Sheldon Callier, Licensed Embalmer No. 3382

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me.

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Sheldon Callier

Licensed Embalmer No. 3382

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)