

REC'D MAY 6 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

15919
Do not use this space.

1. PLACE OF DEATH

(a) County Ordway Registration District No. 784
 (b) Township Carroll Primary Registration District No. 200 Registered No. 770
 (c) City..... (d) Street No. MATTHESS MO. 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

HENRY H. FLIER 460
 (a) Residence, No. 7118 VIRGINIA AV. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF FLORENCE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 8 - 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 7 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. BREWERY WORKER
 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) (STATE OR COUNTRY) ST LOUIS MO.

FATHER 13. NAME PETER FLIER.

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

MOTHER 15. MAIDEN NAME MARY DEMIRE

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

17. INFORMANT (ADDRESS) JOHN FLIER 420 E. FILMORE ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE MOUNT HOPE CEM DATE APR. 30 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) JOS. P. FENDLER JR. 7128 MICHIGAN - AV.

20. FILED 4-29 1938 J. R. Meyer M.D. P.N. Registrar 707 (Address) 7606 Michigan

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1938, to April 28, 1938

I last saw him alive on April 26, 1938. Death is said to have occurred on the date stated above, at 4 a. m.

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

Chronic myocarditis

Date of onset As with
flu

Other contributory causes of importance:

Chronic hepatitis

As with
flu

Name of operation none Date of.....

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?.....

If so, specify.....

(Signed) Over J. M. Lorne, M. D.

707 (Address) 7606 Michigan

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

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No.

P. O. Address

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 this body is not embalmed, above space should be left blank.