

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

16472

State File No. _____

Registration District No. **791**

Primary Registration District No. _____

Registrar's No. **3950**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7055 Winona Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
in this community _____
years, months or days)

3. (a) PRINT FULL NAME Tillie Fleschner
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Late Anton Fleschner 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 13th 1863
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Carl Fleschner

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Pauline Griner

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Fleschner
(b) Address 7055 Winona Ave.

17. (a) Cremation (b) Date thereof 5-3-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director W. H. King

(b) Address 4228 So. Kingshighway

19. (a) MAY 2 1940 (b) J. H. King
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits write "RURAL")
(d) Street No. 7055 Winona Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4-30 day 40
year _____ hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 10-4-39
_____ 1940 to 11-30 _____ 1940

that I last saw her alive on 11-30 _____ 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Nephritis Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autopsy none

22. If death was due to external causes, fill in the following: _____

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature J. H. King (M. D. or other) _____
Address 3239 Lindbergh Ave. Date signed 5-2-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Edwin M. Gerratt*.....

Licensed Embalmer No. 3024.....

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.