S. No. 2
-11-10-39
5-17-39
PI X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37060
Registrar's No. 9333

Registration District No. 7911 Primary Registration District No.

FILED DEC 11 1940

1. PLACE OF DEATH:

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

USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County
(c) City or town East St. Louis (If outside city or town limits write "RURAL") NR
(d) Street No. 1529 Natalia Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Rhoda Ann Flechsig
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 23 (Day) 1939 (Year)
8. AGE: Years 1 Months 5 Days ~~10~~ 16 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business 0
12. FATHER Name Richard N. Flechsig
13. Birthplace Kansas City (City, town, or county) Mo. (State or foreign country)
14. MOTHER Maiden name Elizabeth Houston
15. Birthplace Schaneetown (City, town, or county) Ill. (State or foreign country)
16. (a) Informant Stella Grady
(b) Address 5600 Arsenal St.
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director Kassebaum Funeral Home
(b) Address East St. Louis Ill.
19. (a) NOV 13 1940 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9 year 1940 hour 7:35 am ~~minutes~~ M.
21. I hereby certify that I attended the deceased from Nov. 8, 1940 to 11-9-40, 19..; that I last saw her alive on 11-9-40, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia with hyperpyrexia — Duration 6 d
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) Malnutrition and dehydration.
Major findings: Of operations
Of autopsy as above.

PHYSICIAN — Underline the cause to which death should be charged statistically.

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 R. W. Maxwell (M. D. or other)
Address Isolation Hospital Date signed 11/9/40

(Licensed Embalmer's Statement on Reverse Side)

9333

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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 Thomas R. Fenwick

Licensed Embalmer No. 3743

P. O. Address St Louis Mo

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.