

S. No. 2
M-1-4-41
v. 5-17-39
I X28390

3598

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 18 1942

Registration District No. 289

Primary Registration District No. 200

Registrar's No. 303

96
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2123 Louise 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Wellston
(If outside city or town limits, write "RURAL.")

(d) Street No. 2123 Louise Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA FLUCHEL.

(b) If veteran, name war None

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10th.
year 1942 hour 3 minute A.M. M.

4. Sex Female / race White

5. Color or race _____

6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife John Fluchel.

(c) Age of husband or wife if alive 71 years

7. Birth date of deceased September 27, 1876.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 2 1942 to Feb 9 1942
that I last saw her alive on Feb 9 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Brainial Pneumonia Duration _____

8. AGE: Years 65 Months 4 Days 13 If less than one day _____ hr. _____ min.

Due to injury

Due to injury

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

9. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

12. Name John Barton.

13. Birthplace Dont know. 9
(City, town, or county) (State or foreign country)

14. Maiden name Dont know.

15. Birthplace Dont know. 9
(City, town, or county) (State or foreign country)

Major findings: na

Of operations _____

Of autopsy na

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

16. (a) Informant Mr. John Fluchel.

(b) Address 2123 Louise Ave.

17. (a) Burial (b) Date thereof 2-12-1942.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) FEB 10 1942 (b) C. H. Mc Namara
(Date received local registrar) (Registrar's signature)

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

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

(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 Kalla Beacy (M. D. or other) na

Address 4400 Easton Ave. Date signed 10-42

419
1/4/42

767

(Licensed Embalmer's Statement on Reverse Side)

Dr. Rolla Bracy.
6400 Easton Ave.

FEB 16 1942

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 9454

David C. Gibson Registered Apprentice No. _____
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. M

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, fact should be so stated above.