S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8550

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3062

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:
City ~~No. One~~ Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 hours 0 (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County - - - -

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

(d) Street No. 4451 Washington
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country - - - - - 0

3. (a) PRINT FULL NAME August J. Floerchinger

3. (b) If veteran, name war no,

3. (c) Social Security No. 492-09-5451

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Florence

6. (c) Age of husband or wife if alive - - - years

7. Birth date of deceased June 28, 1890
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
51	9	5	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business Carter Carburater Co.

FATHER
12. Name Leroy Floerchinger
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lena Weise
15. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant John L. Floerchinger
(b) Address 3529 a. Minnesota

17. (a) cremation (Burial, cremation, or removal) (b) Date thereof April 16, 1942
(Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Harrigan-Sheahan
(b) Address 4415 Washington

19. (a) APR 6 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1942 hour 1 minute 45 p M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture of Skull. Subdural Hemorrhage of Brain. When Struck by a Automobile Driven by one S. Thomas Ferguson at the Intersection of Delmar and Taylor about 1:05 pm 1/10/42

Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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) Accident
(b) Date of occurrence 1/10/42
(c) Where did injury occur? St Louis (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
(Specify type of place)
While at work? (e) Means of injury

23. Signature Alfred Perry (M. D. or other)
Address [illegible] Date signed 4/6/42

844 (Licensed Embalmer's Statement on Reverse Side)

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.....Homer W. Fritz.....

Licensed Embalmer No.....3882.....

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, fact should be so stated above.