

FILED MAY 4 1942

Registration District No. 707

Primary Registration District No. 200

Registrar's No. 934

1. PLACE OF DEATH:

(a) County St. Louis.
(b) City or town Pine Lawn.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6109 Margaret Street.
(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 Pine Lawn
(If outside city or town limits, write "RURAL")
(d) Street No. 6109 Margaret Street.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME AUGUST C. FLEDDERMAN.

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Anna K. Fledderman. 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased April 8, 1868.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 0 17 hr. min.

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

10. Usual occupation Retired Public Service.

11. Industry or business employee.

12. Name William Fledderman.

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

14. Maiden name Dont know.

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

16. (a) Informant Mrs. Anna K. Fledderman.

(b) Address 6109 Margaret Street.

17. (a) Burial (b) Date thereof 4-28-1942.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery.

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

(b) Address 5966-68 Easton Avenue.

19. (a) APR 27 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th.
year 1942. hour 11 minute A.M.

21. I hereby certify that I attended the deceased from 9-7-42
1942 to 4-25 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis - chronic Duration _____

Due to cause unknown

Due to cause unknown

Other conditions 93d
(include pregnancy within 3 months of death)

Major findings: no operation

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? no
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature Kenneth O. Wilson (M. D. or other) _____
Address 3547 Canton Date signed 4-27-42

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. K. O. Wilson.
3547 Easton Ave.
Franklin 2268

12. 11. 4

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 3454

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.

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.