

FILED JUL 3 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

5792

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5232 Bulwer Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community Birth
years, months or days)

3. (a) PRINT FULL NAME Marie Flieger

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 Married

6. (b) Name of husband or wife Robert Flieger 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased July 11, 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 11 12 hr. min.

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

10. Usual occupation At home

11. Industry or business

12. Name Emil Bachmann
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Amelia Huffendiech
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Flieger
(b) Address 5232 Bulwer Ave

17. (c) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/43
(Month) (Day) (Year)

(c) Place: burial or cremation Old Bethlehem Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JUN 25 1943 J. F. Bedeak
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5232 Bulwer Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1943 hour 9:15 AM minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral aneurysm Duration _____

Due to _____

Due to _____

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) _____

(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? _____

Wife at work (e) Means of injury _____

(f) Signature J. F. Bedeak (M.D. or other) _____

Address 6005 N. Flannery signed 6-22-43

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

MOTHER FATHER

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 Francis A. Williamson

Licensed Embalmer No. 3565

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, fact should be so stated above.