

S. No. 2  
-9-4-41  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

33077  
9498

State File No.

Registrar's No.

FILED

Registration District No. 1003

318

Primary Registration District No.

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:  
1335 So. Broadway /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... Life (Specify whether  
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. 1335 So. Broadway  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Ida Fleck

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 Widowed  
6. (b) Name of husband or wife..... Frank Fleck 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased..... October 14, 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 0 12 hr. min.

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

10. Usual occupation..... Home

11. Industry or business.....

MOTHER FATHER

12. Name..... George Buettner  
13. Birthplace..... Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name..... Unknown  
15. Birthplace..... Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Edward D. Schaefer  
(b) Address..... 1335 So. Broadway  
17. (a) Burial (b) Date thereof..... 10 29 43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation..... New St. Marcus Cem.

18. (a) Signature of funeral director..... Phaber-Heldel-Wand Co.  
(b) Address..... 3634 Gravois Ave

19. (a) OCT 28 1943 (Date received local registrar)  
J.P. [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26  
year 1943 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from..... January 15  
..... 1938 to..... Oct. 26th 19 43  
that I last saw her alive on..... October 26th, 19 43  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Chronic myocarditis

Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

Duration  
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?

While at work?..... (Specify type of place)  
(c) Means of injury.....  
23. Signature..... [Signature] (M. D. or other) M.D.  
Address..... 1319 So. Bdwy - St. Louis, Mo. Date signed 10-27-43

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

**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

*Robert Wheeler*

Licensed Embalmer No. *2528*

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:**