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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 20 1944 818

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 3440

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town _____
(c) Name of hospital or institution: 3721a N. Florissant Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 70 years (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Theodore Fleckenstein
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 widowed
6. (b) Name of husband or wife late Caroline Fleckenstein years
6. (c) Age of husband or wife if _____ years
7. Birth date of deceased Jan. 2nd. 1858
(Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 10
If less than one day _____ hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)
10. Usual occupation Tailor

MOTHER FATHER { 11. Industry or business _____
12. Name unknown
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 Theodore Legler
(b) Address 2507a University St.
17. (a) Burial (b) Date thereof 4-15-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cem.
18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.
19. (a) APR 14 1944 (b) _____
(Date received from registrar) (Registrar's signature)

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. 3721a N. Florissant Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 12th.
year 1944 hour 9:00 PM minute _____ M.
21. I hereby certify that I attended the deceased from March 15/44
_____ 19____ to April 12 1944
that I last saw him alive on April 12 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Apoplexy
Duration _____
Due to _____
Due to _____
Other conditions Acute Phlebitis
(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?
While at work _____ (Specify) (e) _____
23. Signature: Arthur L. Stegels (M. D. or other) _____
Address 414 2 N Grand Date signed 4/12/44

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 John P. Buchholz
Licensed Embalmer No. 1674
P. O. Address 4423 St. Louis A

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.