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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39327**

FILED JAN 5 1945 **318**

**1003**

Registrar's No. **11107**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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: Barnes Hospital,  
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution 20 Days  
(Specify whether)

In this community 0  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Macoupin **999**

(c) City or town Bunker Hill  
(If outside city or town limits, write "RURAL") **11**

(d) Street No. \_\_\_\_\_ (If rural, give location) **N.R.**

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_ **2**

3. (a) PRINT FULL NAME Josephine Caroline Fleck

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex F. male

5. Color or race White

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

6. (b) Name of husband or wife Henry Fleck

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

7. Birth date of deceased November 3 About 1878  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26  
year 1944 hour 4 minute 50 P. M.

21. I hereby certify that I attended the deceased from December 5<sup>th</sup> 1944 to December 26 1944  
that I last saw her alive on December 26 1944  
and that death occurred ~~on~~ the date and hour stated above.

8. AGE: Years Months Days If less than one day

About 66 1 23 hr. min.

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

10. Usual occupation Housewife

Immediate cause of death Generalized carcinomatosis, primary site unknown

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Kortkamp

13. Birthplace Unknown Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Ranken

15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Blanche Last

(b) Address 5127 Palm St.

17. (a) Removal (b) Date thereof 12-27-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bunker Hill, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) DEC 27 1944 J. F. Brudek  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_

Of autopsy as above

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? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature F. R. Bradley (M. D. or other) \_\_\_\_\_

Address Barnes Hospital Date signed 12/27/44

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 *Albert G. Hoppe*

Licensed Embalmer No. *3971*

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.**