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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. 119

FILED APR 11 1947

Registration District No. 119

Primary Registration District No. 419.3

Registrar's No. 6

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

37
6

1. PLACE OF DEATH:

(a) County Gasconade

(b) City or town Hermann
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
302 Schiller St
(If not in hospital or institution, write street number or location)

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

In this community entire life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade

(c) City or town Hermann
(If outside city or town limits, write "RURAL")

(d) Street No. 302 Schiller St
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME OTTO HENRY FLEEMAN

3. (b) If veteran, name war ---

3. (c) Social Security No. 488-05-5186

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Alma Fleeman

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Feb. 1st 1887
(Month) (Day) (Year)

8. AGE: Years 60 Months 1 Days 11 If less than one day hr. min.

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

10. Usual occupation Shoe Worker

11. Industry or business Shoe Factory

12. Name Henry Fleeman

13. Birthplace Richmond Va
(City, town, or county) (State or foreign country)

14. Maiden name Emilie Bauer

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

16. (a) Informant Mrs. Alma Fleeman

(b) Address Hermann, Mo

17. (a) Burial (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Hermann City Cemetery

18. (a) Signature of funeral director August Fleeman

(b) Address Hermann, Mo

19. (a) 3/13/47 (b) W. M. Müller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th year 1947 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 10th 1946 to March 12th 1947
that I last saw him alive on March 11th 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Myocarditis

Due to Arteriosclerosis

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury Stroke

23. Signature E. G. Rhodius (M. D. or other) _____

Address Hermann Mo Date signed 3/13/47

JAN 1 1948

Date Filed 4-10-47

District File Number

District Health Officer No. 9

RECEIVED

FEB 18 1954

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..... *Hugos Blument*

Licensed Embalmer No..... 3160

P. O. Address..... Hermann, 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.