

FILED MAR 24 1947 **318**

1003

Registrar's No. **2784**

Registration District No. _____ 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:
Firman De Loge's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 Days
(Specify whether
 In this community about 6 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2330a Madison St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Laura M. Fleig.
 3. (b) If veteran, name war no
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 14
 year 1947 hour 2 minute 30P M.
 21. I hereby certify that I attended the deceased from
3-6, 1947, to 3-14, 1947,
 that I last saw her alive on 3-13, 1947,
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Anthony Fleig
 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased 11 22 1883
(Month) (Day) (Year)

Immediate cause of death _____
Gangrene of back (Sacro)
Right heel, Right thigh
 Due to Generalized Arterio
Sclerosis
 Due to Diabetes Mellitus
 Other conditions Unhealed amputation
(Include pregnancy within 3 months of death)
through left leg.

8. AGE:	Years	Months	Days	If less than one day
<u>63</u>	<u>3</u>	<u>22</u>	hr. _____ min.	

Major findings: _____
 Of operations _____
 Of autopsy _____

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Zeina Burch.

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

16. (a) Informant Mr Anthony Fleig

(b) Address 2330a Madison St.

17. (a) Burial (b) Date thereof 3-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedarway Cemetery

18. (a) Signature of funeral director Goodhart Goodhart

(b) Address 2228 St. Louis, Ave.

19. (a) MAR 16 1947 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature E. Lee Shroeder (M. D. or other) _____

Address 3720 Washington Date signed 3/15/47

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.....

Ernest W. Spillars
.....
* Licensed Embalmer No. *4080*.....

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.