No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 15 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

39650

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11110

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

(d) Length of stay: In hospital or institution 26 days (Specify whether years, months or days)

In this community 26 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. 1916a East Prairie Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME VIRGIL G. FLEITER

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 Single

6. (b) Name of husband or wife -----

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

7. Birth date of deceased November 7, 1947 (Month) (Day) (Year)

8. AGE: Years 0 | Months 0 | Days 26 | If less than one day ..... hr. ..... min.

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

10. Usual occupation -----

11. Industry or business -----

FATHER
12. Name Harold Fleiter
13. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lorraine Noltkamper
15. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Harold Fleiter
(b) Address 1916a East Prairie Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [illegible]
(b) Address 2117 East Grand Blvd.

19. (a) DEC 4 - 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3rd year 1947 hour 8 minute 10 A. M.

21. I hereby certify that I attended the deceased from Nov 7, 1947, to Dec 3, 1947; that I last saw him alive on Dec 3, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diarrhea -	2 wks
Due to: Prematurity -	1 mo.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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 Jackson [illegible] (M. D. or other) MD

Address 134 Mo Theatre Bldg Date signed 12/4/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand.

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.