

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 15 1949

State File No. 2978

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) WIFE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 2306 ALLEN AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2306 ALLEN AVENUE				d. STREET ADDRESS (If rural, give location) 2306 ALLEN AVENUE			
3. NAME OF DECEASED (Type or Print) ELIZABETH		a. (First)		b. (Middle) _____		c. (Last) FLEISSNER	
4. DATE OF DEATH MAR. 31-1949		(Month)		(Day)		(Year)	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S U		8. DATE OF BIRTH MAR. 7-1878	
9. AGE (In years last birthday) 71		10. MONTHS 0		11. DAYS 24		12. HOURS 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE-WIFE				10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri				12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME CHARLES J. FLEISSNER		13b. MOTHER'S MAIDEN NAME ELIZABETH GILBERT		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME KATHARINE WIEGARD ADDRESS 4544 Harris St.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES None Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None DUE TO (c) None II. OTHER SIGNIFICANT CONDITIONS None Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None			
22. I hereby certify that I attended the deceased from 2-31 , 1947, to 3-31 , 1949, that I last saw the deceased alive on 3-30 , 1949, and that death occurred at 9:15 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Harry J. Gidenreich M.D.				23b. ADDRESS 3750 Grassie St. St. Louis, Mo.		23c. DATE SIGNED 4-1-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-2-49		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Pk.		24d. LOCATION (City, town, or county) (State) St. Louis County, MO	
DATE REC'D BY LOCAL REG. APR 1 1949		REGISTRAR'S SIGNATURE J. B. Susater		25. FUNERAL DIRECTOR'S SIGNATURE A. J. McLaughlin ADDRESS 2301 Lafayette			

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

*Dr. H. I. Heidenreich
3756 Gray's Avenue*

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed..... *C W Cooper*

Licensed Embalmer No. *3830*

P. O. Address *2301 Lafayette 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.