

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28050
Registrar's No. 6991

FILED AUG 20 1949

BIRTH NO. 52144-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY <i>MO</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS,	
d. FULL NAME OF HOSPITAL OR INSTITUTION CHRISTIAN HOSPITAL <i>N</i>		d. STREET ADDRESS (If rural, give location) 9 1936 EAST GRAND AVE	
3. NAME OF DECEASED (Type or Print) JOHN JOSEPH FLESCHERT JR.		4. DATE OF DEATH (Month) (Day) (Year) AUG 10, 1949	
5. SEX MALE <i>N</i>	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE <i>N</i>	8. DATE OF BIRTH AUG 7, 1949
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI <i>N</i>	
13a. FATHER'S NAME JOHN JOSEPH FLESCHERT		13b. MOTHER'S MAIDEN NAME ANITA SCHATZ	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOHN JOSEPH ELSERSCHT SR. 1936 EAST GRAND	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Congestive Lung x jaundice</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Premature infant 7 1/2 months</i> DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		(CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>159</i> <i>776X</i>	
22. I hereby certify that I attended the deceased from <i>8/7</i> , 19 <i>49</i> , to <i>8/9</i> , 19 <i>49</i> , that I last saw the deceased alive on <i>8/9</i> , 19 <i>49</i> , and that death occurred at <i>10a</i> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Bessie Mountain M.D.</i>		23b. ADDRESS <i>4032 W. Flourens</i>	
23c. DATE SIGNED <i>8/10/49</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 8/11/49		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	
24d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE	
DATE REC'D BY LOCAL REG. AUG 11 1949		REGISTRAR'S SIGNATURE <i>[Signature]</i>	

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

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Lewis

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.