

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 6

No. 300
10.48

FILED MAR 10 1952

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5429

360

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

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give town) Rural- Lyon		c. CITY (If outside corporate limits, write RURAL and give township) Rural- Lyon	
c. LENGTH OF STAY (in this place) 46 Yrs		d. STREET ADDRESS (If rural, give location) 1/2 Mile East of Stonyhill, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Her Residence			

0365

3. NAME OF DECEASED (Type or Print)	a. (First) MINNIE	b. (Middle) EMMA	c. (Last) FLEER	4. DATE OF DEATH (Month) (Day) (Year) 2 8 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-20-1885	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 4 Days 18	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Charlotte Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Gottlieb Hilkerbaumer	13b. MOTHER'S MAIDEN NAME Louise Wollbrink	14. NAME OF HUSBAND OR WIFE August Fleer, Stonyhill Mo
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME August Fleer, Stonyhill, Mo.	ADDRESS Stonyhill, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CONGESTIVE heart failure		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential hypertension		7 years
	DUE TO (c) Marked arterio-sclerosis		10 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Had apoplexy on at least two occasions + was completely paralyzed		Just attack about 10 months ago	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 334X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April 1945, to Feb 8, 1952, that I last saw the deceased alive on Feb 5, 1952, and that death occurred at 5 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) B. P. Eisenmann M.D.	23b. ADDRESS New Haven, Mo.	23c. DATE SIGNED 2/8/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial A	24b. DATE 2-11-1952	24c. NAME OF CEMETERY OR CREMATORY St. James Cemetery	24d. LOCATION (City, town, or county) (State) Stonyhill, Mo
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DATE REC'D BY LOCAL REG. Feb 8-52	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Berger Mo
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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

Gustav W. Dietrich

Licensed Embalmer No.

4329

P. O. Address

St. Louis, 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.