

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6382

State File No.

FILED MAR 5 1952

REG. DIST. NO. **B18**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **1368**

WRITE PLAINLY—USING UNFADING 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	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) ST. Louis 2249	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 24 2001⁹ Pestolozzi ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital			
3. NAME OF DECEASED a. (First) Mary (Type or Print)		b. (Middle) Mathilda	
		c. (Last) Flueck	
4. DATE OF DEATH (Month) (Day) (Year) Feb. 11, 1952			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 14, 1880
9. AGE (In years last birthday) 71		10. IF UNDER 1 YEAR: Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) ST. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph Marx		13b. MOTHER'S MAIDEN NAME Marysa Koffke	
14. NAME OF HUSBAND OR WIFE Anton Flueck			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME Ernie Flueck		ADDRESS 2001⁹ Pestolozzi	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lt of left forearm; Coronary Sclerosis with fresh infarction ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) of left ventricle; when she fell on the floor at City Hospital II. OTHER SIGNIFICANT CONDITIONS on or about Jan 31, 1952. Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION trying to get back into bed 2nd accident	
20a. ACCIDENT SUICIDE (Specify) accident		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Asap	
20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo			
21a. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 31 52 7 m.		21b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21c. HOW DID INJURY OCCUR? E9027-75			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:42 m., from the causes and on the date stated above.			
23. SIGNATURE Joseph Marx		23b. ADDRESS 1301 elwood	
23c. DATE SIGNED 2/13/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-14-52	
24c. NAME OF CEMETERY OR CREMATORY New ST. Marcus Cem.		24d. LOCATION (City, town, or county) (State) ST. Louis, Missouri	
DATE REC'D BY LOCAL REG. FEB 13 1952		REGISTRAR'S SIGNATURE J. Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE W. L. G.		ADDRESS 2929 S. Jefferson	

(Licensed Embalmer's Statement on Reverse Side)

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

working under my personal supervision.

Student Embalmer No.

Signed

D. M. Davis

Signed.....
Student Embalmer

Licensed Embalmer No. *3741*

P. O. Address *2929 So Jefferson*

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.