

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 5 1953

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5091**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Northwood 15	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Word		e. STREET ADDRESS (If rural, give location) 6605 Barr	

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) c. (Last) Fluegel			4. DATE OF DEATH (Month) (Day) (Year) May 19 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH Aug 20 1881		9. AGE (In years last birthday) 71		IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State, or Foreign Country) Austria 4	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Unknown Schumack		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Joseph Fluegel	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Joseph Fluegel	
(If yes, give war or dates of service)				ADDRESS 5743 Chippewa	

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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Shock; Mesenteric Abscesses					
ANTECEDENT CAUSES		Ruptured Spleen when she fell down the steps at Church about 4:45 pm May 3 1953					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Immature Conception					
II. OTHER SIGNIFICANT CONDITIONS		Church about 4:45 pm May 3 1953					
Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident ood				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SPECIFIC Accident		21b. PLACE OF INJURY (e.g., if or about home, farm, factory, street, public place, etc.) Church		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 3 53 4:45 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? F9006	
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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 **9:55 p.m.**, from the causes and on the date stated above. **21**

22a. SIGNATURE Patrick E Taylor Coroner		22b. ADDRESS 31300 Clear		22c. DATE SIGNED 5.20.53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 22 53		24c. NAME OF CEMETERY OR CREMATORY Resurrection	
				24d. LOCATION (City, town, or county) (State) St. Louis Cty Mo	

DATE REC'D BY LOCAL REGISTRY MAY 20 1953		REGISTRAR'S SIGNATURE J. C. Smith		25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schnur	
				ADDRESS 3125 Lafayette	

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 49

P. O. Address 305 1/2

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.