

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28892**

FILED AUG 16 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7294**

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. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) 4259 Holly Ave.,		2019
d. FULL NAME OF HOSPITAL OR INSTITUTION. 4259 Holly Ave.,				

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) MINNIE	b. (Middle) L.	c. (Last) FLEER	Aug. 5th, 1954	

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Oct. 23rd, 1879	9. AGE (In years last birthday) 74	10. CITIZEN OF WHAT COUNTRY? U. S. A.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.,	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Frederick Fleer	13b. MOTHER'S MAIDEN NAME Fredericka Beinfoar	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give branch or dates of service)	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Luella Dannicke	ADDRESS 4259 Holly Ave.,
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 mo 3 yr.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Damage		
	ANTECEDENT CAUSES *If any, giving rise to the above cause (a) stating the underlying cause last. Heart Hypertension Rheumatic Grehitits		
OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 7220
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22. I hereby certify that I attended the deceased from 8/5, 1954, to 8/5, 1954 that I last saw the deceased alive on 8/5, 1954, and that death occurred at 9:15 m., from the causes and on the date stated above.

23a. SIGNATURE <i>J. D. Peeler M.D.</i>	(Degree or title)	23b. ADDRESS 2305 W. P. Lowmire	23c. DATE SIGNED 8-6-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/9/54	24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cem.	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.,
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DATE REC'D BY LOCAL REG. AUG 6 1954	REGISTRAR'S SIGNATURE <i>Charles Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE Leidner und. Co., 2223 St. Louis Ave.,	ADDRESS
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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 *Elmo R. Padwell*.....

Licensed Embalmer No. *401*.....

P. O. Address *St. Louis*.....

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.