

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6152
1674

FILED MAR 10 1955

State File No.
Registrar's No.

BIRTH NO. 17549-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. CITY OR TOWN <u>Lemay, Mo.</u> <u>1860</u>	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthonys Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>729 Zeiss Ave.</u>	

3. NAME OF DECEASED (Type or Print) <u>Infant Fles</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 22, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>2-21-55</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>1</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Edward Fles</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Lou Klaesner</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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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) <u>none</u>	16. SOCIAL SECURITY NO. <u>unk</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edw. Fles 729 Zeiss, Lemay, Mo.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 da</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	<u>Pulmonary atelectasis</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(first baby of twins second twin was moribund stillborn)</u> DUE TO (c)		
II. 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 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? <u>7620</u>
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22. I hereby certify that I attended the deceased from Feb 21, 1955, to Feb 22, 1955, that I last saw the deceased alive on Feb 21, 1955 and that death occurred at 6:24 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George A. Sullivan, M.D.</u>	23b. ADDRESS <u>427 W. Schurmer</u>	23c. DATE SIGNED <u>2-22-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal motor</u>	24b. DATE <u>2-22-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Lemay 23, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>FEB 23 1955</u>	REGISTRAR'S SIGNATURE <u>Carl Smith MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Southern Funeral Home 6322 S. Grand Blvd., St. Louis, Mo.</u>
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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

not embalmed

Signed *David Van Fossan*

Licensed Embalmer No. *1124*

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.