

FILED JAN 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42906

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 3068

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</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>KIRKWOOD</u>	c. LENGTH OF STAY (In this place) <u>12 HRS</u>	c. CITY OR TOWN <u>MAPLEWOOD</u>	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 <u>ST. JOSEPH- HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>3006 BARTOLD.</u>	

3. NAME OF DECEASED (Type or Print) <u>WALTER</u>	2a. (First)	b. (Middle) <u>-</u>	c. (Last) <u>FLUETSCH-SR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-27-55</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>1-14-1888</u>	9. AGE (In years last birthday) <u>67</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>13</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FIRE CLAY DEALER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWNER-CLAY CO.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>HENRY-FLUETSCH</u>	13b. MOTHER'S MAIDEN NAME <u>MARY- OBERG</u>	14. NAME OF HUSBAND OR WIFE <u>ELIZABETH-FLUETSCH</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>496-36-5434</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>WALTER-FLUETSCH JR-3006 BARTOLD.</u>

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) <u>Cerebral Vascular Thrombosis</u>		<u>6 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) <u>Hypertensive Cerebrovascular Disease</u>		<u>3 yrs</u> <u>3 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Old Healed Myocardial Infarction</u>		<u>3 yrs</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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)
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?

22. I hereby certify that I attended the deceased from 12/27, 1955, to 12/27, 1955, that I last saw the deceased alive on 12/27, 1955, and that death occurred at 11:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles R. Burnside M.D.</u>	23b. ADDRESS <u>21069. Olin Kirkwood Mo.</u>	23c. DATE SIGNED <u>12/24/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-30-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK-HILL CEM.</u>
24d. LOCATION (City, town, or county) <u>ST. LOUIS CO</u>	24e. STATE <u>MO</u>	
DATE REC'D BY LOCAL REG. <u>12-29-55</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Lombard</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>JAY B. SMITH- MAPLEWOOD 17-MO.</u>

Dr. (Licensed Embalmer's Statement on Reverse Side)

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.....

P. O. Address.....

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.