

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007215
State File No.
1552
Registrar's No.

FILED FEB 28 1958

318

1003

BIRTH NO. _____		REG. DIST. NO. <u>318</u>	PRIMARY REG. DIST. NO. _____	Registrar's No. <u>1552</u>	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived). (If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN <u>St. Louis</u>		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>Missouri Baptist Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>4043 Green Lea Place</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>KATIE</u>		b. (Middle) _____	c. (Last) <u>FLUEGEL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 8, 1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED. NEVER MARRIED. WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 4, 1871</u>		9. AGE (In years last birthday) <u>86</u> 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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Jacob Boehmer</u>		13b. MOTHER'S NAME <u>Katherine Boehmer</u>		14. NAME OF HUSBAND OR WIFE <u>Herman C. Fluegel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bertha Locke</u> ADDRESS <u>8560 Drury Lane</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH _____
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial rupture & cardiac tamponade</u>		II. OTHER SIGNIFICANT CONDITIONS <u>inter trochantric fracture left femur</u>			
*This does not mean the mode of death as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) _____			
19a. DATE OF OPERATION <u>1-28-58</u>		19b. MAJOR FINDINGS OF OPERATION as noted above <u>fixation with key nail</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (In or about home, farm, factory, street, office bldg., etc.) <u>27 MARSHALL HOME</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan. 26 1958 7:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall (fall)</u>	
22. I hereby certify that I attended the deceased from <u>Dec 4</u> , 19 <u>57</u> , to <u>Feb 8</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>Feb 7</u> , 19 <u>58</u> , and that death occurred at <u>7:55 a.m.</u> ; from the causes and on the date stated above.					
23a. SIGNATURE <u>Rammond A. Stansbrough M.D.</u>			23b. ADDRESS <u>3121 No. Grand</u>		23c. DATE SIGNED <u>2-10-58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 11, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hiram Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>FEB 10 58</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>JOHN STYGAR & SON</u> ADDRESS <u>5541 RIVERVIEW BLVD.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10-12

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.....
J. M. Ristau

Licensed Embalmer No. 3980

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.