

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034202
State File No.

FILED OCT 14 1958
BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9268

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

1. PLACE OF DEATH a. COUNTY			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) <u>Saint Louis</u>		c. LENGTH OF STAY (In this place) <u>31 yrs</u>	c. CITY OR TOWN <u>Hormandy 4180</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>Christian Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>27 2937 Clearview Dr. 21</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arnold</u>		b. (Middle) <u>John</u>	c. (Last) <u>Fleer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 28 1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 11, 1893</u>	9. AGE (In years last birthday) <u>64 yrs</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Real Estate</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cooper Hill, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Fred Fleer</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Langenberger</u>		14. NAME OF HUSBAND OR WIFE <u>Christine Fleer (Wittershagen)</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>493-07-7282</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Christine Fleer, 2937 Clearview Dr., 21</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident (Stroke)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis Cardiovascular Disease</u> <u>Aggravated by Cholecystectomy & B Hemicolectomy.</u> DUE TO (c) _____				Interval <u>9 Days</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Cholecystitis with Cholelithiasis</u> <u>Adenocarcinoma Hepatic Flexure of Colon</u>				Interval <u>1 yr ±</u> <u>1 yr ±</u>
19a. DATE OF OPERATION <u>9/18/58</u>	19b. MAJOR FINDINGS OF OPERATION <u>Chronic Cholecystitis with Cholelithiasis</u> <u>Adenocarcinoma Hepatic Flexure of Colon</u>				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) <u>331 X H</u>			
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 <u>9/16/58</u> , to <u>9/27</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>9/27</u> , 19 <u>58</u> , and that death occurred at <u>1:48</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Joshua E. Jensen</u> M.D.			23b. ADDRESS <u>607 N. Grand Ave</u>		23c. DATE SIGNED <u>9/29/58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Oct. 1, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>SEP 30 58</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CALVIN F. FEUTZ, 4828 NAT'L BRIDGE, 15</u>		

University, Essex, Mass.

Case E.V. 3-2787

when certificate is required by the Section.

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 *Ralph C. Linders*

Licensed Embalmer No. *4279*

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.