

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037768  
STATE FILE NUMBER

FILED OCT 17 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9714

S. 300  
1-57

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	8125 CITY OR TOWN <u>Granite City</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
4c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>St. Louis Little Rock Hosp., Inc.</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>32 2541 E. 24th St.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Albert</u> Middle <u>Darwin</u> Last <u>Fleck</u>			4. DATE OF DEATH Month <u>October</u> Day <u>8</u> , Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>August 11, 1899</u>
9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u>1</u> Min. <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Section Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (City and state or country) <u>Goodwine, Ill.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Fleck</u>	
13b. MOTHER'S MAIDEN NAME <u>Emma Matt</u>		14. NAME OF HUSBAND OR WIFE <u>Sadie Fleck</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>709-12-0584</u>	17. INFORMANT <u>Sadie Fleck 2541 East 24th St.</u> Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchogenic Carcinoma</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 to 6 Mo.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>162.1</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <u>Aug. 4, 1958</u> to <u>Oct. 8, 1958</u> and last saw him alive on <u>Oct. 8, 1958</u> Death occurred at <u>11:45 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Benjamin H. Charles, Jr. D.O.</u>	
22b. ADDRESS <u>1755 South Grand Ave.</u>		22c. DATE SIGNED <u>10-9-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>10-9-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lake View Memorial Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Belleville, Ill.</u>
24. FUNERAL DIRECTOR <u>Mercer &amp; Sons</u>	ADDRESS <u>Granite City, Ill.</u>	25. DATE RECD. BY LOCAL REG. <u>OCT 10 '58</u>	26. REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u> S.P.

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 *Wm. C. Shellman* .....

Licensed Embalmer No. *5016* .....  
P. O. Address *Granite City, Pa.* .....

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. 1-2-1  
If this body is not embalmed, fact should be so stated above.