

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-020391

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5488** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 7 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Length of stay in lb 8 days		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis		c. CITY OR TOWN Overland		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Baptist Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 9441 W. Milton				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last George W. Flesch						4. DATE OF DEATH Month Day Year May 30 1962							
5. SEX M		6. COLOR OR RACE W		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-3-1875		9. AGE (last birthday) 87		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant (retired)				10b. KIND OF BUSINESS OR INDUSTRY Hardware				11. BIRTHPLACE (City and state or country) Illinois U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME John Flesch				13b. MOTHER'S MAIDEN NAME Mary Lagler				14. NAME OF HUSBAND OR WIFE Maud M. Flesch					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None				16. SOCIAL SECURITY NO. None		17. INFORMANT Maud M. Flesch-9441 W. Milton				Address Overland 14			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardio-pulmonary insufficiency</i> DUE TO (b) _____ DUE TO (c) _____ 422.2 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Benign Prostatic Hypertrophy &amp; Pyelonephritis</i> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown													
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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. Month, Day, Year													
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>5/22</u> to <u>5/26</u> and last saw her/him alive on <u>5/26</u> Death occurred at <u>4:20 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree & title) <i>Joseph Pedersen M.D.</i>						22b. ADDRESS <i>100 N. Euclid (8)</i>			22c. DATE SIGNED <i>5/30/62</i>				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-1-1962		23c. NAME OF CEMETERY OR CREMATORY Hiram Burial Park				23d. LOCATION (City, town, or county) (State) Creve Coeur, Missouri					
24. FUNERAL HOME BAUMANN BROS. INC. FUNERAL HOME 2504 WOODSON ROAD						25. DATE RECD. BY LOCAL REG. MAY 31 1962		26. REGISTRAR'S SIGNATURE <i>Loard Smith, M.D.</i>					

**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 *D. C. Gibson*

Licensed Embalmer No. 3454

P. O. Address St. Louis 14 Mo.

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.