MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22677

File No.
Registered No. 313

1. PLACE OF DEATH
County St Louis
Township Central
City (No. 6754 Schofield Ave St. Ward)
Registration District No. 789
Primary Registration District No. 603313

2. FULL NAME Martin J. Fleiter
(a) Residence. No. 6754 Schofield Ave Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JUL 28 1931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ Rhoda E. Fleiter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 2, 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	57	8	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Chiropotist
(b) General nature of industry, business, or establishment in which employed (or employer) 204
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Henry Fleiter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ?
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Theresa Roper
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ?
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs Rhoda E. Fleiter
(Address) 6754 Schofield Ave

15. FILED 6/24, 1931 Nella Bracy, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 23 1931

17. I HEREBY CERTIFY, That I attended deceased from ~~June 21 3~~ Jan 1 31, 19~~31~~, to June 23 31, 19~~31~~, that I last saw ~~he was~~ alive on June 23 31, 19~~31~~, and that death occurred, on the date stated above, at 8 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebrum Urinary Bladder
518
518 (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Cerebrum Bladder
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TESTS CONFIRMED DIAGNOSIS? Cystoscopic Exam
(Signed) Otto Leitz, M. D.
6-22 1931 (Address) Frisco Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Lebanon Cemetery — DATE OF BURIAL 6-26 1931
20. UNDERTAKER Geo. L. Oleitsch — ADDRESS 5966 East

[illegible]

[illegible]