

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **701**
Township..... Primary Registration District No. **1033**
City **St. Louis** (No. **924 So Boyle Ave**)

29440
File No. **8426**
Registered No.
St. Ward)

2. FULL NAME

Theresa G. Fleig
(a) Residence, No. **924 So Boyle Ave**, St. **18** 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 30 1880**
7. AGE YEARS **51** MONTHS **2** DAYS **3** IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Lanier, Mo**

13. NAME **August H. Baldeker**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Theresa Brehm**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Joseph M. Fleig**
(ADDRESS) **924 So Boyle Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter's** DATE **8-6-31**

19. UNDERTAKER **Kriegshauer Undertakers**
(ADDRESS) **4228 So. Kingshighway**

20. FILED **AUG -4 1931** **May C. Stanton**
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8-2**, 19**31**

22. I HEREBY CERTIFY, That I attended deceased from **No. 2125 of 249**, 19**31**, **July 2nd**, 19**31**.
I last saw her alive on **30 - July 1931**. Death is said to have occurred on the date stated above, at **11:55** a.m.
The principal cause of death and related causes of importance were as follows:

Diabetes mellitus.
59
98859
71B
Other contributory causes of importance:
Anaemia. Senescence of foot.

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) **Druggi M. Bork**, M. D.
(Address) **2266 S. Compton**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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