

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

Do not use this space.

✓ 21303

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 95
City St Louis No. 2711 S. 18th St St. Ward)

File No.
Registered No. 5860
St. Ward)

2. FULL NAME

(a) Residence No. 2711 S. 18th St., 23 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov-13-1853</u>		
7. AGE YEARS MONTHS DAYS <u>78</u> <u>7</u> <u>7</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Plumber</u>		
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) <u>Ind</u>		
13. NAME <u>Martin Flesh</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Ellen Spencer</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
17. INFORMANT (ADDRESS) <u>Bertha Flesh</u> <u>2711 S 18th St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Calvary</u> <u>6-23-1932</u>		
19. UNDERTAKER (ADDRESS) <u>Walter C. Stanley</u> <u>3175 Lafayette Ave</u>		
20. FILED <u>22</u> <u>1932</u>		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 25, 1932, to June 19, 1932
I last saw him alive on June 19, 1932. Death is said to have occurred on the date stated above, at 5:45 a.m.
The principal cause of death and related causes of importance were as follows:

<u>Chr. myocarditis</u>	Date of onset <u>3 yrs</u>
<u>Chr. Bronchitis</u>	<u>2 yrs</u>

Other contributory causes of importance:
no

Name of operation no Date of no
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) A. S. Payne M. D.
(Address) 1803 Petticoat

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.

