

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

Do not use this space.
35844

1. PLACE OF DEATH

County Jackson
Township Howe
City Chauvin City (No. 1026)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 4352
St. _____ Ward _____

2. FULL NAME

Theresa Flucke
(a) Residence, No. 1626 Oakley St. 12 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. / How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hubert J. Flucke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 2 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Germany 10

13. NAME Forester

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

15. MAIDEN NAME Winkler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 21

17. INFORMANT (ADDRESS) Hubert J. Flucke
1626 Oakley

18. BURIAL, CREMATION, OR REMOVAL PLACE Cathary Cem DATE 11-22-1932

19. UNDERTAKER (ADDRESS) Mrs. C. L. Forester
918 Broadway, Ave

20. FILED Nov 21 1932 M.M. Knowlton
asst Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932 to Nov 20, 1932

I last saw her alive on Nov 19, 1932 Death is said to have occurred on the date stated above, at 1:30a m.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Disease
Coronary Atherosclerosis
Myocardial Infarction
Emphysema
Diabetes

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) George F. Berry M.D.
(Address) 75th Street, Kansas City

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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Chambers Redg.

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