

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

Do not use this space.

37253

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis Mo (No. 7359 So 10 St)

File No. _____
Registered No. 9879
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 7359 So 10 St 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 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWER, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Aif Flieg</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 6 - 1879</u>		
7. AGE YEARS <u>37</u>	MONTHS <u>4</u>	DAYS <u>-</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Shoes + Butcher</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Meat Market</u>		
10. Date deceased last worked at this occupation (month and year) <u>Oct 1 - 1932</u>		
11. Total time (years) present in this occupation <u>17</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Genevieve Mo</u>		
13. NAME <u>Joseph Flieg</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Zeel Mo</u>		
15. MAIDEN NAME <u>Rose Hooge</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Zeel Mo</u>		
17. INFORMANT (ADDRESS) <u>Anna Flieg 7359 So 10 St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>St. Peter & Paul Nov 9 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Henry J. Weidenmeyer 620 S. Main St. St. Louis Mo</u>		
20. FILED <u>NOV - 8 1932</u>		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6 1932

2. I HEREBY CERTIFY, That I attended deceased from October 14 1932, to Nov 6 1932

I last saw him alive on Nov 5 1932 Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:
Bilateral lobar pneumonia Date of onset 10/8

Other contributory causes of importance: ①

Name of operation None Date of _____
What test confirmed diagnosis? Chest Was there an autopsy? No

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? No
If so, specify _____
(Signed) Bernard Block, M. D.
(Address) 3527 Oregon Ave. St. Louis Mo

Registrar

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.

