

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

Do not use this space.

3272

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis Mo.** (No. **2708**) **Brook**

File No.....
Registered No. **159**
St. Ward)

2. FULL NAME

Elizabeth Fleisch
(a) Residence, No. **3865 Marine Ave.** St., **24** 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>June 27-1897</i>		
7. AGE	YEARS	MONTHS
	<i>35</i>	<i>6</i>
		DAYS
		<i>6</i>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House wife</i>	
	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) <i>St. Louis Mo.</i>		
FATHER	13. NAME <i>Unknown</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo.</i>	
MOTHER	15. MAIDEN NAME <i>Magdalena Stephens</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo.</i>	
17. INFORMANT <i>Joseph St. Fleisch</i> (ADDRESS) <i>3865 Marine Ave.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>S. S. Peter & Paul</i> DATE <i>1-6-33</i>		
19. UNDERTAKER <i>Ziegenfuss Bros.</i> (ADDRESS) <i>215 1/2 Chester St.</i>		
20. FILED <i>5 19 33</i> <i>W. C. Starck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *January 3 - 1933*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 25*, 19*29*, to *January 3*, 19*33*
I last saw h. *u* alive on *Jan 3*, 19*33* Death is said to have occurred on the date stated above, at *4:15* a.m.
The principal cause of death and related causes of importance were as follows:
Acute nephritis
Carcinoma of liver
Date of onset *12/30/32*
Other contributory causes of importance: *4 U.C.*
3 yrs

Name of operation *None* Date of *None*
What test confirmed diagnosis? *None* 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) *Julius C. Kellie*, M. D.
(Address) *2603 Chester St.*

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.

