

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

Do not use this space.

14997

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 100B
 City St. Louis Mo. (No. Seacross Hoepf).....
 File No. Registered No. 3521
 St. Ward.....

2. FULL NAME

John Frederick Fleer
 (a) Residence, No. 2924 Clearview Dr. St. 4 Ward. St. Louis Co. Mo.
 (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>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 17 - 1859</u> | | |
| 7. AGE | YEARS <u>73</u> | MONTHS <u>3</u> |
| | DAYS <u>29</u> | IF LESS THAN 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Railroad Ties</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Business</u> | |
| | 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>Mo.</u> | | |
| MOTHER / FATHER | 13. NAME <u>Herman Fleer</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | |
| | 15. MAIDEN NAME <u>J. Wehmeyer</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | |
| 17. INFORMANT <u>Arnold J. Fleer</u> (ADDRESS) <u>2924 Clearview Dr</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peters</u> DATE <u>April 19, 1933</u> | | |
| 19. UNDERTAKER <u>By Leidner Undertaker</u> (ADDRESS) <u>1017 N. Market St.</u> | | |
| 20. FILED <u>APR 18 1933</u> <u>W. C. Stanley</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to Apr 16, 1933
 I last saw him alive on Apr 16, 1933 Death is said to have occurred on the date stated above, at 11 A.M.
 The principal cause of death and related causes of importance were as follows:
Dissected inflammation 1/1/32
59
730 59
 Other contributory causes of importance:
Chronic Impaction 10/1/32

Name of operation none Date of
 What test confirmed diagnosis? inflammation 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
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) William T. Henshaw M. D.
 (Address) 3500 N. Frank

MARGIN RESERVED FOR BINDING

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.

S. NO. 2

