

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

Do not use this space.

27849

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 008
City St. Louis (No. 3908 West Ave)

File No. _____
Registered No. 6882
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3908 West Ave St. 20 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>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 <u>Kate Fleischhauer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 14 1866</u>		
7. AGE	YEARS	MONTHS
	<u>67</u>	<u>1</u>
		DAYS
		<u>23</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>Teamster</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Planing Mill</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1927</u>	11. Total time (years) spent in this occupation
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cape Girardeau Mo.</u>	
	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Unknown</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	17. INFORMANT <u>Mrs. John Appelle</u> (ADDRESS) <u>6049 Kearney Ave</u>	
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>New Bethlehem</u> DATE <u>Aug. 9 1933</u>		
19. UNDERTAKER <u>Reiderwiden Funeral Home</u> (ADDRESS) <u>1936 Woodson St.</u>		
20. FILED <u>AUG -9 1933</u> <u>J. P. Redek</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

2. No Physician supervised

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 3 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:20 P.M.

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Spasmodic Paralysis of left
side of Body

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 of injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) J. P. Redek
(Address) _____

8/9/33

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.

SEP 26 1933

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