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.

JAN 26 1934

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

Do not use this space.

41136

1. PLACE OF DEATH

County St Charles — Registration District No. 757 — File No.

Township — Primary Registration District No. 3036 — Registered No. 217

City St Charles Mo (No. St. Gas Hospital St. Ward)

2. FULL NAME Arzdel Louvaine Fluesmeier

(a) Residence, No. Defiance Mo St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nan Elizabeth Fluesmeier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 8 - 1897

7. AGE: YEARS 36 — MONTHS 9 — DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Wright City Mo Warren County

FATHER

13. NAME: Elihu Ashby Fluesmeier
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Defiance Mo St Charles County

MOTHER

15. MAIDEN NAME: Linda Katherine Knippenberg
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Femme Osage Mo St Charles County

17. INFORMANT (ADDRESS): N. S. Sleeth

18. BURIAL, CREMATION, OR REMOVAL (Oak Grove) PLACE St Charles DATE Dec 23 1933

19. UNDERTAKER (ADDRESS): M. Munchy Hamburg Mo

20. FILED 12/20 1933 Clarence G Wessler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/20, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/20, 1933, to 12/20, 1933

I last saw him alive on 12/20, 1933. Death is said to have occurred on the date stated above, at 10:30 pm.

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

Diabetic Coma — Date of onset 12/19/33

Other contributory causes of importance: Secondary Anemia

Name of operation none Date of

What test confirmed diagnosis? Clinical 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) Ben L. Norbeiner, M. D.

(Address) St. Charles, Mo