

JUL 14 1936

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

Do not use this space.

24759

1. PLACE OF DEATH

County.....  
Township.....  
City St Louis Mo (No. ....)

Registration District No. 791  
Primary Registration District No. 1003  
4861 e Russell St.

File No.....  
Registered No. 6383  
Ward)

2. FULL NAME

(a) Residence, No. 4061 A Russell ave. 17 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- Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Flieg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15 1894

7. AGE YEARS 95 MONTHS 10 DAYS 8 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home  
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) Germany

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs A. W. Brandenburger  
4061 A Russell Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Paul Vault DATE 6-24-36

19. UNDERTAKER (ADDRESS) J. M. J. Robert  
4915 Grand Blvd

20. FILED JUN 23 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22 1936

22. I HEREBY CERTIFY That I attended deceased from February 22, 1936, to June 22, 1936  
I last saw him alive on June 22nd, 1936. Death is said to have occurred on the date stated above, at 2:4 m.

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

Senility  
131  
Other contributory causes of importance:  
Arteriosclerosis  
Chronic interstitial nephritis

Date of onset

Name of operation..... Date of.....  
What test confirmed diagnosis? no 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?.....  
If so, specify.....

(Signed) L. Brandenburger M. D.  
(Address) 3922 Cleveland Ave.

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.

