FEB 12 1938

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

744
Do not use this space.

791

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 600
(c) City St. Louis (d) Street No. City Hosp. #1. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles W. Fleck 420
(a) Residence, No. 3524 S. Broadway St. 24
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sadie Fleck.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 5, 1868

7. AGE: YEARS 69 | MONTHS 8 | DAYS 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Sheet Metal
9. Industry or business in which work was done, as saw mill, bank, etc.: Work.
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): St. Louis City 0 / Missouri 6

FATHER
13. NAME: Edward Fleck 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 1860

MOTHER
15. MAIDEN NAME: Rosa Frueh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 1858

17. INFORMANT (ADDRESS): Charles W. Fleck 2014 Chewhu St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: S. S. Peter & Paul DATE: 1-18, 1938

19. FUNERAL DIRECTOR (ADDRESS): Witt Bros. L. & Nlo. 2929 S. Jefferson Av.

20. FILED: JAN 18 1938 J. H. Bredeck, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 15, 1938

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 7 30/91 m.
The principal cause of death and related causes of importance were as follows:

Fracture of Skull and Subdural Haemorrhage of Brain when he slipped and fell down

Date of onset

Other contributory causes of importance: flight of Steps at the Senate Theatre # 9 No Broadway about 2 45 pm Jan 14th 1938

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/14, 1938
Where did injury occur? So Louis Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury .....
Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Joseph M. Quinn, M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Paul A. Shanklin, Licensed Embalmer No. 3472

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Paul A. Shank

L. E.

No. 3472 or by, Registered Apprentice No.

working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)