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.

DEC'D MAY 6 1938

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

Do not use this space. 1588

1. PLACE OF DEATH

County St Louis — Registration District No. 784 — File No.

Township Bonhomme — Primary Registration District No. 200 — Registered No. 6[illegible]

City ~~Baldwin~~ (No. , Pinecrest Home St. Ward)

2. FULL NAME George J Fluett George J. Fluett 450

(a) Residence, No. 3300 Ashby Road St., Ward. (If nonresident, give city or town and State)
(Usual place of abode) Overland, Mo.

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maggie J Fluett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 1852

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
85	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Globe Democrat

10. Date deceased last worked at this occupation (month and year) 1909

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

FATHER

13. NAME Emmanuel Fluett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) 3300 Ashbr Rd Overland Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peters Cemetery DATE April 18 1938

19. UNDERTAKER (ADDRESS) Ortmann Funeral Home 9222 Lackland Overland Mo

20. FILED 4/5 1938 T. R. Meyer M.D. D.P.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1938, to April 14, 1938

I last saw him alive on April 14, 1938. Death is said to have occurred on the date stated above, at 10:15 p.m.

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

	Date of onset
Hypostatic broncho-pneumonia	4-13-38
Other contributory causes of importance: Cerebral hemorrhage	July 1934

Name of operation none Date of

What test confirmed diagnosis? Physical 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 none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) B. R. Loving, M. D.

(Address) Ballwin, Mo.