No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5124

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 1954

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7732 Virginia ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 30 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri D (b) County
(c) City or town St. Louis /
(If outside city or town limits, write "RURAL")
(d) Street No. 7732 N. Virginia ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 55 years.

3. (a) PRINT FULL NAME 466 Constantine Flier

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Christ Flier

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 10 (Day) 1850 (Year)

8. AGE: Years 89 | Months 9 | Days 15 | If less than one day hr. min.

9. Birthplace Aldorf (City, town, or county) Germany (State or foreign country) 6

10. Usual occupation At Home 6

11. Industry or business

FATHER
12. Name Unknown 4
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant John Flier
(b) Address 7732 Virginia ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 28, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director C. Hoffmeister & Co.
(b) Address 7814 S. Broadway

19. (a) FEB 26 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25 year 1940 hour 7 minute a. M.

21. I hereby certify that I attended the deceased from Feb. 4, 1940 to Feb. 25, 1940 that I last saw her alive on Feb. 24, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Dilatation of Heart	1 day
Due to: Chronic Myocarditis	
Due to: Arterio-Sclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature A W Peters (M. D. or other)
Address 4145a S. Grand Date signed

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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

If this body is not embalmed, above space should be left blank.