

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

22661

1. PLACE OF DEATH

County St. Charles, 3 Registration District No. 757  
Township S 1 Primary Registration District No. 5998  
City (No. \_\_\_\_\_) \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 108  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Marie Anna Fleischli  
(a) Residence, No. 2609 Gurney Ct. St. \_\_\_\_\_ Ward St. Louis, Mo.  
(Usual place of abode)

St. Louis, Mo.  
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. ONE mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3, 1861  
7. AGE YEARS 79 MONTHS 0 DAYS 15 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
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 \_\_\_\_\_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1940  
22. I HEREBY CERTIFY That I attended deceased from May 15, 1940 to June 18, 1940  
I last saw her, alive on June 15, 1940 Death is said to have occurred on the date stated above, at 6:28 P.M.  
The principal cause of death and related causes of importance were as follows:

Hypostatic congestion of lungs due to Date of onset 3 days  
Chronic Myocarditis 10 yrs  
Other contributory causes of importance: 92C  
Chr. Arterio Sclerosis 10 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland 7  
13. NAME Not Known 7  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland 7  
15. MAIDEN NAME Not Known  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Signs & symptoms Was there an autopsy? Yes

17. INFORMANT (ADDRESS) Theophil Stoerker  
18. BURIAL, CREMATION, OR REMOVAL PLACE General Cemetery DATE June 20, 1940  
19. UNDERTAKER (ADDRESS) Berderwed in General Home St. Louis, Mo.  
20. FILED 6/18/40, 19 Clarence P. Kessler Registrar

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) A. P. Erich Schuch M. D.  
(Address) St. Charles, Mo.

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.

I hereby certify that the body whose name is  
recorded on the reverse side of this certificate was  
embalmed by me,

Theo. Beldewieser

Licensed Embalmer No. 506

St. Louis, Mo