

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16964

State File No. _____

Registrar's No. **4482**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Deaconess City U
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 1/2 hrs.
(Specify whether
In this community 9 1/2 hrs.
years, months or days)

3. (a) PRINT FULL NAME Baby Flier

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Infant

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

7. Birth date of deceased May 27, 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 9 1/2 hrs. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Howard Weldon Flier
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mervene Venite Kahn
15. Birthplace Stanton Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Father - Mr. H. W. Flier

(b) Address 6521 Neosho

17. (a) BURIAL (b) Date thereof May 28 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. HOPE CEMETERY

18. (a) Signature of funeral director Beiderwieden Funeral Home, Inc

(b) Address 1736 St. Louis Ave

19. (a) MAY 28 1941 (b) J. P. Bludick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 1417
(If outside city or town limits, write "RURAL")

(d) Street No. 5521 Neosho
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1941 hour 7 minute 25 A. M.

21. I hereby certify that I attended the deceased from May 27,
1941, to May 28, 1941;

that I last saw her alive on May 27, 1941;

and that death occurred on the date and hour stated above.

Immediate cause of death Atelctasis and Permittivity (7 1/2 months) Duration _____

Due to _____

Due to _____

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? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]

Address 3720 Washington Date signed 5/28/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

20
17
9

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.

not embalmed

Signed.....

..... Licensed Embalmer No.....

..... P. O. Address.....

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

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