

No. 2  
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5-17-38  
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FILED SEP 17 1941  
DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
SEP 17 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26803  
Registrar's No. 6595

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis,  
(c) Name of hospital or institution:  
508 N. Channing Ave.  
(d) Length of stay \_\_\_\_\_  
1. Route City Hosp #1

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis,  
(d) Street No. 508 N. Channing Ave.  
(e) Citizen of foreign country? \_\_\_\_\_

3. (a) PRINT FULL NAME Charles R. Fluett,  
(b) If veteran, name war None  
(c) Social Security No. None

20. DATE OF DEATH: Month Aug day 11  
year 1941 hour 8 minute 15 a.m.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife Late Elizabeth Fluett.  
(c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: Unknown

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE: Years About 73 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Chronic Myocarditis  
Arteriosclerosis

9. Birthplace: St. Louis Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation: Unemployed

Other conditions: 93 d  
(Include pregnancy within 5 months of death)

11. Industry or business \_\_\_\_\_  
12. Name: Unknown  
13. Birthplace: Unknown  
14. Maiden name: Unknown  
15. Birthplace: Unknown

Major findings: 93 e  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

16. (a) Informant: George R. Fluett,  
(b) Address: 6708 Maryellen Ave.  
17. (a) Burial (b) Date thereof: 8-13-41  
(c) Place: burial or cremation: Calvary Cemetery.

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director: H. Leidner Und. Co.  
(b) Address: 2223 St. Louis Ave.  
19. (a) AUG 12 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature: Thomas Callahan (M.D. or other) \_\_\_\_\_  
Address: Deputy Coroner Date signed: 8/12/41

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

48

000  
17  
219

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 *Homer L. Ponder*

Licensed Embalmer No. *3367*

P. O. Address *2223 St. Louis*

**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, fact should be so stated above.**