

FILED NOV 24 1941

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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33099

Registration District No.

Primary Registration District No. 1003

Registrar's No. 8053

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7733 Ivory ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 1.35 Yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 7733 Ivory ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7
year 1941 hour 8 45 a. M.

21. I hereby certify that I attended the deceased from April 6
1940 to October 7, 1941
that I last saw him alive on October 6, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis
Anterior
Chronic

Other condition: Chronic interstitial nephritis
(Include pregnancy within 3 months of death)

Major findings: [Signature]
Of operations.....
Of autopsy.....

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?

23. Signature [Signature] (M. D. or other) MD
Address 7702 Date signed 10/7/41

3. (a) PRINT FULL NAME Henry Flier

3. (b) If veteran, name war None 3. (c) Social Security No. UNKNOWN

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Adah Flier 6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased February 22 1880
(Month) (Day) (Year)

8. AGE: Years 61 Months 6 Days 7 If less than one day 15 hr. min.

9. Birthplace Fenton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Order Clerk

11. Industry or business Medart Mfg. Co.

12. Name Christ Flier

13. Birthplace Alsace-Lorraine
(City, town, or county) (State or foreign country)

14. Maiden name Constantine Unknown

15. Birthplace Alsace-Lorraine
(City, town, or county) (State or foreign country)

16. (a) Informant H. Flier

(b) Address 5616 S. Compton ave.

17. (a) Burial (b) Date thereof October 10, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director C. Hoffmeister

(b) Address 7814 S. Broadway

19. (a) OCT 8 1941 (b) J. F. Bredeck
(Received) (Registrar's signature)

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

MOTHER FATHER

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.