S. No. 2
I—9-4-41
. 5-17-39
X29484

37
1
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 23 1942

Registration District No. 303

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 542-04182

State File No. 21152

Registrar's No. 27

1. PLACE OF DEATH:
(a) County: Gasconade
(b) City or town: Hermann
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Workman Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 hours
In this community: 31 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Gasconade 37
(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 3 mi. South East of Hermann
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: MAUDELINE ALICE FLEER

3. (b) If veteran, name war: #

3. (c) Social Security No.: None

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: married 1

6. (b) Name of husband or wife: Albert Fleer

6. (c) Age of husband or wife if alive: 38 years

7. Birth date of deceased: Aug (Month) 28 (Day) 1910 (Year)

8. AGE: Years 31 | Months 10 | Days 0 | If less than one day: hr. min.

9. Birthplace: Hermann (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Albert Weeks
13. Birthplace: DuQuoin (City, town, or county) Ill 1 (State or foreign country)

MOTHER
14. Maiden name: Bertha Bunge
15. Birthplace: Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant: Albert Fleer
(b) Address: Hermann, Mo RFD

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-30-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Hermann City Cemtery

18. (a) Signature of funeral director: Hugo H. Blumer
(b) Address: Hermann, Mo

19. (a) June 30-42 (Date received local registrar) (b) A. H. Siedler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1942 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 27, 1942 to June 27, 1942 that I last saw her alive on June 27 – 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Post Partum Hemorrhage — Duration

Due to: Fibroid Tumor of Uterine Walls —

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: 146

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) (e) Means of injury:

23. Signature: Howard Workman (M. D. or other)
Address: Hermann Mo. Date signed 6-27-42

1261 (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 Hugo H. Blumet

Licensed Embalmer No. 3160

P. O. Address Hermann, Mo

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.