V. S. No. 2
0M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30613

State File No.

Registration District No. 160

Primary Registration District No. 3030

Registrar's No. 65

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1

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

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Festus Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 60 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson 50
(c) City or town Festus 3
(If outside city or town limits, write "RURAL")
(d) Street No. Adams St. 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Barbara Flieg
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Andrew Flieg
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) - 16 (Day) - 1855 (Year)

8. AGE: Years 86 Months 8 Days 25 If less than one day hr. min.

9. Birthplace Buffalo (City, town, or county) N. Y. 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name George Bauer
13. Birthplace Buffalo (City, town, or county) N. Y. 1 (State or foreign country)
MOTHER
14. Maiden name Barbara Siebold
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)
16. (a) Informant Mrs Henry Armbruster
(b) Address Flat River Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) - 13 (Day) - 42 (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director H. S. Vinyard
(b) Address Festus Mo.
19. (a) 8/13/42 (Date received local registrar) (b) H. S. O'Brien (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11th
year 1942 hour 8 minute A M.
21. I hereby certify that I attended the deceased from May 25, 1942 to Aug 8, 1942
that I last saw her alive on Aug 11th, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Stomach	unknown
Due to 46 b	
Due to	
Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death)	unknown

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature J. Kennecfork (M.D. or other) MD
Address Crystal City MO Date signed Aug 8/42

1260 (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.....

Licensed Embalmer No. 3010

P. O. Address. Fenton 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.