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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12127

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3933

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000 12
(c) City or town St. Louis 720
(If outside city or town limits, write "RURAL")
(d) Street No. 2605a N. Jefferson Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Donna Fleener
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced W. L
6. (b) Name of husband or wife Isaiah Fleener
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unk. Unk. 1869 (Month) (Day) (Year)
8. AGE: Years 74 Months Unk. Days Unk. If less than one day hr. min.
9. Birthplace (City, town, or county) Ind. (State or foreign country) 1
10. Usual occupation Retired Seamstress
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace (City, town, or county) Unknown (State or foreign country) 9
MOTHER 14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant Mrs. Gustave Schmidt
(b) Address 4332 Olive St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-43 (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson Barracks, Mo
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) APR 28 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27, year 1943 hour 8:05 minute A. M.
21. I hereby certify that I attended the deceased from April 22, 1943, to April 27, 1943 that I last saw h. or alive on April 27, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarct
Due to Lung Infarct
Due to Brain, Infarct

Duration

Other conditions (Include pregnancy within 3 months of death) 0
Major findings:
Of operations
Of autopsy as above

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 0
23. Signature William S. Gook (M. D. or other)
Address 1515 Lafayette Ave. Date signed 4/27/43

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(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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.