

S. No. 2
OM-2-43
5-17-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3685
Registrar's No.

FILED APR 28 1943
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Henry William Fletemeyer

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife Jennie Fletemeyer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 19 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 6 27 hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____
12. Name William Fletemeyer

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Schwoer

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Grover Fletemeyer

(b) Address 5068 Raymond A. ve.

17. (a) Burial (b) Date thereof 4/18/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) APR 20 1943 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Jonesburg
(If outside city or town limits, write "RURAL") NR
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1943 hour 12:30 minute PM M.

21. I hereby certify that I attended the deceased from April 11
1943 to April 16 1943
that I last saw him alive on April 16 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration _____

Due to 181

Due to 181

Other conditions Diabetes
(Includes pregnancy within 3 months of death)

Major findings: old eye PHYSICIAN _____
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? _____ (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 H. H. Johnson (M. D. or other) _____
Address 990 Overlook Date signed 4/17/43

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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 Henry M. Branger
Licensed Embalmer No. 4200
P. O. Address.....

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.