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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22989

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

JUL 24 1943

Registration District No. 318

Primary Registration District No. _____

Registrar's No. 6426

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:
3720a Hydraulic
(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

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. 3720a Hydraulic
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lena Fluegger

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1943 hour 14 minute 15 P. M.

21. I hereby certify that I attended the deceased from April 26, 1943 to July 13, 1943, that I last saw her alive on August 10, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death _____

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John H. Fluegger alive _____ years

6. (c) Age of husband or wife if _____

7. Birth date of deceased March 6, 1864
(Month) (Day) (Year)

Duration _____

Chronic Bronchitis 9 mos.

Due to Chronic myocarditis 6 mos.

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day

79 4 7 _____ hr. _____ min.

9. Birthplace Not known Germany
(City, town, or county) (State or foreign country)

10. Usual occupation at home

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name Jacob Nagel

13. Birthplace Not known Germany
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known Germany
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Bertha Frank

(b) Address 3720 Hydraulic

17. (a) burial (b) Date thereof 7/16/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director JL Ziegenhein & Sons,

(b) Address 7027 Gravois

23. Signature M. J. Gansloger (M. D. or other) _____
Address 3634 Arsenal St Date signed 7-14-43

19. (a) JUL 16 1943 J. F. Bredeek
(Date received local registrar) (Registrar's signature)

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..... *C. P. Kidwell*

Licensed Embalmer No..... *3877*

P. O. Address..... *7027 Marois*

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.