

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10539
Registrar's No. 100

FILED APR 11 1944
Registration District No. 727

Primary Registration District No. 3088

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital or institution: State Hosp # 12
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 9 m
(Specify whether years, months or days)

In this community 9 m
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town Worshandy
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Mary Fligg

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color of race W

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

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

7. Birth date of deceased June 6 1873
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1944 hour 11:55 minute _____ a. M.

21. I hereby certify that I attended the deceased from 7-15-1944 to 3-14-1944
that I last saw him alive on 3-14-1944
and that death occurred on the date and hour stated above.

Immediate cause of death cholele
myocarditis

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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

106 9 9 _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Frank McCreagh?

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

14. Maiden name Fligg

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

16. (a) Informant Record

(b) Address Fulton mo

17. (a) Removal (b) Date thereof March 16-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis mo

18. (a) Signature of funeral director Wallace Funeral

(b) Address Home Fulton mo

19. (a) Mar. 16-1944 (b) Lois M. ...
(Date received local registrar) (Registrar's signature)

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 K. E. Sheridan (M. D. or other) _____

Address Fulton mo Date signed 3/15/44

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-10-44

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 Wenzel C. Browning

Licensed Embalmer No. 2724

P. O. Address Baltimore

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.