

FILED JUL 21 1944

318

1003

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 6137

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 31 days
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Emil Flieger
3. (b) If veteran, name war None
3. (c) Social Security No. 489-12-0607

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara Flieger nee Kissel
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased June 17, 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 0 21 hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Supt. Old Bethlehem

11. Industry or business Cemetery

MOTHER FATHER

12. Name Robert Flieger

13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Marie Bachmann

15. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Clara E. Flieger

(b) Address 1093 Bittner St.

17. (a) Burial (b) Date thereof 7/11/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Bethlehem Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JUL 11 1944 (Date received local registrar)
J. F. Bruck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 176
(If outside city or town limits, write "RURAL") 98
(d) Street No. 1093 Bittner St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th
year 1944 hour 11 minute 55 A. M.

21. I hereby certify that I attended the deceased from 6/3/44
1944, to July 8th 1944.
that I last saw him alive on July 8th 1944.
and that death occurred on the date and hour stated above.

Immediate cause of death Brain tumor (Right frontal lobe) malignant
Due to 54
Other conditions (Include pregnancy within 3 months of death) 54

Duration

?

PHYSICIAN

Major findings: Of operations some
Of autopsy yes some

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? _____ Means of injury _____
23. Signature W. J. Verdo (M. D. or other) 0
Address 1515 Lafayette Date signed 7/15/44

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

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 Shepard J Burnley
Licensed Embalmer No. 4202
P. O. Address St Louis 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.