

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 12 1945

Registration District No. 119

Primary Registration District No. 4193

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Hermann, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(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) FLUETSCH

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME WM. FLUETSCH.

3. (b) If veteran, name war _____ 3. (c) Social Security No. 498-03-5135

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mathilda Fluetsch 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Oct. 15 - 1884
(Month) (Day) (Year)

8. AGE: Years 60 Months 7 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Oct. 15, Swiss Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____
12. Name Christ Fluetsch
13. Birthplace Swiss Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Minnie Kobusch
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Fluetsch
(b) Address Hermann Mo.

17. (a) Burial (b) Date thereof 6/10/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hermann

18. (a) Signature of funeral director A. H. Hedde
(b) Address Hermann Mo.

19. (a) June 9, 1945 (b) A. H. Hedde
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from March 8th, 1945, to June 7th, 1945, that I last saw him alive on June 7th, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Carcinoma

Due to _____

Due to _____

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

Major findings: Of operations H&A

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. G. Rhodius (M. D. or other) _____
Address Hermann Date signed 6/7/45

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

7
1
0

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-10-45

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 me

..... Registered Apprentice No.
working under my personal supervision.

Signed H. Rediger

Licensed Embalmer No. 2044

P. O. Address Neiman 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.