

No. 2
-2-43
-17-39
X38657

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5194

FILED MAR 12 1946

State File No.

Registration District No. 117

Primary Registration District No. 5435

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Gasconade

(b) City or town "Rural" Boeuf Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1 mi. S. W. of Swiss
(If not in hospital or institution, write street number or location)

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

In this community 82 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37

(c) City or town "Rural" 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1 mi. S. W. of Swiss
(If rural, give location) 0

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

3. (a) PRINT FULL NAME ANDREW FLUETSCH

(b) If veteran, name war --

(c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Elizabeth Fluetsch

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Aug 29 1863
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 20
If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Christ Fluetsch

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

14. Maiden name Margaret Felix

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

16. (a) Informant Mrs. Andrew Fluetsch

(b) Address Hermann, Mo RFD

17. (a) Burial (b) Date thereof 2-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Swiss St. John Cemetery

18. (a) Signature of funeral director Hugo H. Blumer

(b) Address Hermann, Mo

19. (a) 2/11/46 (b) Mrs. Ray Schepkuetter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9
year 1946 hour 1 minute 38 P.M.

21. I hereby certify that I attended the deceased from Feb. 5,
1946 to Feb. 9, 1946.
that I last saw him alive on Feb. 8, 1946.
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy 4 days

Due to Atherosclerosis

Due to _____

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

Major findings:
Of operations _____

Of autopsy J. B. J.

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) (c) Means of injury _____

23. Signature J. G. Jeter, M.D. (M. D. or other) 2

Address Hermann Date signed 2/11/46

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 3-11-46

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: *Hugo B. Blumer*

Licensed Embalmer No. 3160

P. O. Address: Hermann, 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.