. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 9 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15066

Registration District No. #70675 318 Primary Registration District No. 1003 Registrar's No. 4263

1. PLACE OF DEATH:

(a) County

(b) City or town: St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital, Max Starkloff Memorial
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: bad

(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")

Street No.: 4443 Minnisota
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: JOHN R. FLEISCHMANN

3. (b) If veteran, name war

3. (c) Social Security No.: 494-01-5847

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Marie Stemmer

6. (c) Age of husband or wife if alive: 46 years

7. Birth date of deceased: Jan (Month) 23 (Day) 1899 (Year)

8. AGE: Years 48 Months 3 Days 3 If less than one day hr. min.

9. Birthplace: Bellvill Ill
(City, town, or county) (State or foreign country)

10. Usual occupation: Sheet Metal Worker

11. Industry or business

FATHER
12. Name: John B. Fleischmann
13. Birthplace: Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Margaret Bereswill
15. Birthplace: Bavaria
(City, town, or county) (State or foreign country)

16. (a) Informant: Marie Fleischmann
(b) Address: 4443 Minisota

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation: S.S. Peter&Paul Cem

18. (a) Signature of funeral director: Wingbermuehle Funeral Home
(b) Address: 3819 S. Grand Blvd.

19. (a) APR 25 1947 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th year 1947 hour 7:50 minute A.M.

21. I hereby certify that I attended the deceased from 4-19-47 19..., to 4-25-47, 19..., that I last saw him alive on 4-25-47, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart failure	
Due to: Malignant hypertension	
Due to: Nephrosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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? (e) Means of injury

23. Signature: W. W. Fitzgerald (M. D. or other)

Address: 1515 Lafayette Date signed: 4-25-47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....J. Allen Dennis Jr

Licensed Embalmer No.....4955

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.