. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 14 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35718

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 1011

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: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community: 81 Yrs 11 Mons 6 Days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Out

(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No.: 2123 Mullanphy St. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: JOHN FLEUTI

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Addie Fleuti

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

7. Birth date of deceased: 11 (Month) 25 (Day) 1865 (Year)

8. AGE: Years 81 | Months 11 | Days 6 | If less than one day: hr. min.

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

10. Usual occupation: nil

11. Industry or business:

FATHER
12. Name: John Fleuti G
13. Birthplace: unknown (City, town, or country) (State or foreign country) 1

MOTHER
14. Maiden name: Louise Doepke
15. Birthplace: unknown (City, town, or country) Holland (State or foreign country) 4 1

16. (a) Informant: Adaline Fleuti
(b) Address: 2123 Mullanphy St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: Goodhart & Goodhart
(b) Address: 2228 St. Louis Ave.

19. (a) NOV 2 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct. day: 31st year: 1947 hour: 2:45 minute: P M.

21. I hereby certify that I attended the deceased from 10/17/47 to Oct. 31st 19 47 that I last saw him alive on Oct. 31st 19 47 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebro-vascular accident	
Due to: Cerebral arteriosclerosis	
Due to:	
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: 0

23. Signature: [illegible] (M. D. or other)
Address: 1515 Lafayette Date signed: 10/31/47

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 Elmer R. Cadwell

Licensed Embalmer No. 4077

P. O. Address _____

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.