S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43023

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11691

1. PLACE OF DEATH:
(a) County
(b) City or town SAINT LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1217 MC LARAN AVENUE, 15,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County
(c) City or town SAINT LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 1217 MC LARAN AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BERTHA M. FLUHR
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife OSWALD FLUHR
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased JANUARY 5th, 1897 (Month) (Day) (Year)

8. AGE: Years 50 Months 11 Days 15 If less than one day hr. min.
9. Birthplace SAINT LOUIS, MISSOURI (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWORK
11. Industry or business
FATHER
12. Name CONRAD REINEKE
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name BERTHA NAUMANN
15. Birthplace GERMANY (City, town, or county) (State or foreign country)
16. (a) Informant MR. OSWALD FLUHR
(b) Address 1217 MC LARAN AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12/24/47 (Month) (Day) (Year)
(c) Place: burial or cremation VALHALLA CEMETERY
18. (a) Signature of funeral director CALVIN F. FEUTZ
(b) Address 4828 NATURAL BRIDGE BOULEVARD
19. (a) DEC 23 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month DECEMBER day 20th year 1947 hour 8 minute 15 P.M.
21. I hereby certify that I attended the deceased from Dec 19, 1947 to Dec 20, 1947 that I last saw her alive on Dec 19, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis
Due to Pneumococcus Nephritis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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 [signature] (M. D. or other)
Address 5201 N. Broadway Date signed 12/23/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Mr. Knight, Dr.
~~[illegible]~~
8201 N. Broadway

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 John A. Mlinar

Licensed Embalmer No. 4186

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.