

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

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JAN 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44254

State File No. _____

Registration District No. 119

Primary Registration District No. 4193

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Gasconade
 (b) City or town Hermann
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
314 W. 7th St ✓
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community Entire Lifetime
years, months or days

3. (a) PRINT FULL NAME ARMIN GEORGE FLEISCH

3. (b) If veteran, name war -----
 3. (c) Social Security No. None

4. Sex Malee 5. Color or race White
 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 14 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>1</u>	<u>18</u>	hr. _____ min.

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

10. Usual occupation Retired Shoe Worker

11. Industry or business _____

12. Name John Fleisch
 13. Birthplace Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Koch
 15. Birthplace Hermann Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louis Amon
 (b) Address Hermann, Mo

17. (a) Burial (b) Date thereof 12-4-47
(Burial, cremation, or removal) (Month) (Day) (Year)
Hermann City Cemetery

18. (a) Signature of funeral director Hugot St. Omer
 (b) Address Hermann, Mo

19. (a) 12/1/47 (b) W. M. undweller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37
 (c) City or town Hermann /
(If outside city or town limits, write "RURAL")
 (d) Street No. 314 W. 7th St. 0
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) 2
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 1
 year 1947 hour 8.30 minute A M.

21. I hereby certify that I attended the deceased from Nov 1st
1947 to Dec. 1st 19 47
 that I last saw him alive on Dec 1st 19 47
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Oedema
 Due to Valvular Heart Disease

Due to _____
 Due to _____

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

Major findings:
 Of operations _____
 Of autopsy _____

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

23. Signature Howard Workman (M., D., or other) M.D.
 Address Hermann Date signed 12/1/47

----- 8A-51-1 -----
Date

District Health Officer No. 9,

RECEIVED

RECEIVED

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.....

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.