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

#80960

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2511

Registration District No. FILED FEB 9 1948 318

Primary Registration District No. 1003

Registrar's No. 883

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 St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street, number or location)

(d) Length of stay: In hospital or institution 27 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County one

(c) City or town St. Louis 12 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5947 Wells Avenue. 7
(If rural, give location)

(e) Citizen of foreign country? 6 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME FRANCES FLECK

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Robert L. Fleck.

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased July (Month) 25, (Day) 1876. (Year)

8. AGE: Years 71 Months 6 Days 1 If less than one day hr. min.

9. Birthplace Germany. 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Philip Schmitt.
13. Birthplace Germany. 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth ?
15. Birthplace Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Robert L. Fleck.
(b) Address 5947 Wells Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1.29-1948.
(Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch. Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) JAN 29 1948 (Date received local registrar) (b) J. F. Bruecek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26th year 1948 hour 12 minute 01 A. M.

21. I hereby certify that I attended the deceased from 12/27/47, 19..., to Jan 26th, 19 48 that I last saw him alive on Jan 26th, 19 48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Duodenal ulcer, hemorrhage.	
Due to:	
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? (Specify kind of business or industry)

23. Signature Harold O. Pugh (M. D. or other)

Address 1515 Lafayette Date signed 1/26/48

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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.