FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 21 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 20854

Registrar's No. 5315

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 Children's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 96
(c) City or town Lemay 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 729 Zeiss (If rural, give location) 1
(e) Citizen of foreign country? N.R. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Michael Fles
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 3 (Month) 12 (Day) 48 (Year)
8. AGE: Years | Months 2 | Days 27 | If less than one day hr. min.
9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business
MOTHER FATHER
12. Name Edward Fles
13. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Mary Lou Klaesener
15. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)
16. (a) Informant Mr. Edward Fles
(b) Address 729 Zeiss Ave., Lemay, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery
18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.,
19. (a) JUN 11 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 9 year 48 hour 11 minute 00 P.M.
21. I hereby certify that I attended the deceased from 6-9-, 1948, to 6-9, 1948 that I last saw him alive on 6-9, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho-Pneumonia and rt. pleural effusion, overwhelming acute infection.	1 day
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? (e) Means of injury
23. Signature Gilbert B. Forbes (M. D. or other)
Address Chillicothe Date signed 6/9/48

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.....

Licensed Embalmer No. 7653

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.