S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 23 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 1003

State File No. 27696
Registrar's No. 7124

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital, (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Koch (If outside city or town limits, write "RURAL") 10
(d) Street No. Robert Koch Hospital (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME: Olga H. Fledderjohn
3. (b) If veteran, name war: No
3. (c) Social Security No.: Unknown
4. Sex: Female 1
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: July (Month) 27 (Day) 1892 (Year)

8. AGE:	Years	Months	Days	If less than one day
	56	0	15	hr. min.

9. Birthplace: Anglaise County (City, town, or county) Ohio (State or foreign country) 1
10. Usual occupation: Nurse
11. Industry or business:

MOTHER
12. Name: Herman Fledderjohn
13. Birthplace: Angelaise County (City, town, or county) Ohio (State or foreign country) 1

FATHER
14. Maiden name: Mary Christina Schroer
15. Birthplace: Angelaise County (City, town, or county) Ohio (State or foreign country) 1

16. (a) Informant: Herman Fledderjohn
(b) Address: Angelaise County Ohio
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Golconda, Ill.
18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Blvd.
19. (a) AUG 13 1948 (Date received local registrar) (b) J. A. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12 year 1948 hour 7 minute 15 A.M.
21. I hereby certify that I attended the deceased from July 28, 1948, 19..., to August 12, 1948 19...; that I last saw her alive on August 12, 1948, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cirrhosis liver	
liver failure	
Due to: Cirrhosis of liver	1
Due to	
Other conditions: none (Include pregnancy within 3 months of death)	
Major findings: Of operations: Cirrhosis	
Of autopsy	

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: F. R. Bradley (M. D. or other)
Address: Barnes Hospital Date signed 8/12/48

(Licensed Embalmer's Statement on Reverse Side)

2124

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. G W Wilkinson

Licensed Embalmer No. 3575

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.