

FILED AUG 23 1948

U.S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27697
Registrar's No. 6972

Registration District No. 318

Primary Registration District No. 1003

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..... St. Anthony Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 13 days
(Specify whether
In this community..... 26 years
years, months or days)

3. (a) PRINT FULL NAME Mr. Arno E. Fleischer

3. (b) If veteran, name war.....
3. (c) Social Security No. 489-03-2052

4. Sex..... Male 5. Color or race..... White 6. (a) Single, widowed, married, divorced..... Married
6. (b) Name of husband or wife..... Mrs. Frieda J. Fleischer 6. (c) Age of husband or wife if alive..... 58 years
7. Birth date of deceased..... July 5, 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 1 2 hr. min.

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

10. Usual occupation..... Ice Cream Dealer

11. Industry or business..... Self

12. Name..... Unknown Fleischer

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

14. Maiden name.....

15. Birthplace.....
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Frieda J. Fleischer

(b) Address..... 7634 Genesta

17. (a) Burial (b) Date thereof..... Aug. 10, '48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... St. Paul Churchyard

18. (a) Signature of funeral director..... Reiderwieden F.H. Inc.

(b) Address..... 1936 St. Louis Avenue

19. (a) AUG 9 - 1948 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... St. Louis
(c) City or town..... Gardenville
(If outside city or town limits, write "RURAL")
(d) Street No..... 7634 Genesta
(If rural, give location)
(e) Citizen of foreign country?..... No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... August day..... 7th
year..... 1948 hour..... 3 minute..... 45 A. M.

21. I hereby certify that I attended the deceased from..... 7-25-48 to..... 8-7-48
that I last saw him alive on..... 8-6-48
and that death occurred on the date and hour stated above.

Immediate cause of death..... Infarct of heart
Pilot pneumonia

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy..... Above

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..... Let. Yem (M. D. or other)

Address..... 5203 Chippewa Date signed..... 8/7/48

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

MOTHER FATHER

Dr. W. F. Neun,
5203 Chippewa

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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 _____

Max L. Chapin

Licensed Embalmer No. _____

4170

P. O. Address _____

1936 St Louis Ave

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.