No. 2
-5-43
-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28544

Registration District No. 319 Primary Registration District No. 6078 Registrar's No. 53

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE

(b) City or town RURAL JACKSON T-S
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 9
(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 LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE. GENEVIEVE 95

(c) City or town ~~RURAL~~ Ste. Genevieve 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME DANIEL A ~~FLEIG~~ Flieg

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex MALE 0 | 5. Color or race WHITE | 6. (a) Single, widowed, married, divorced SINGLE 1

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

7. Birth date of deceased MARCH (Month) 25 (Day) 1948 (Year)

8. AGE: Years	Months	Days	If less than one day
	5	9	..... hr. ..... min.

9. Birthplace STE. GENEVIEVE (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name HENRY J. ~~FLEIG~~ Flieg
13. Birthplace ZELL (City, town, or county) MO 0 (State or foreign country)

MOTHER
14. Maiden name WILMA KREITLER
15. Birthplace ST. LOUIS (City, town, or county) MO 0 (State or foreign country)

16. (a) Informant Henry ~~Fleig~~ Flieg
(b) Address Ste. Genevieve Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation STE. GENEVIEVE MO

18. (a) Signature of funeral director Leo Seeler
(b) Address Ste. Genevieve Mo

19. (a) 9-7-48 (Date received local registrar) (b) Teresa M. Karl Dep (Registrar's signature) 350

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 4 year 1948 hour 5:30 minute P M.

21. I hereby certify that I attended the deceased from Sept 3, 1948, to Sept 4, 1948, that I last saw him alive on Sept 4, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Labor Pneumonia	9/2/48
Due to	
Due to	
Other conditions (Includes pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

108

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 R. L. Lanning (M. D. ~~or other~~) 9/5/48

Address Ste. Genevieve Mo Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 948-1155

Date Filed 9-10-48

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 Leo C. Butler

Licensed Embalmer No. 1985

P. O. Address St. Genevieve 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.