

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6164**  
**1117**

**318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis Missouri</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1417 St Ange Av</b>				d. STREET ADDRESS (If rural, give location) <b>1417 St Ange Av</b>			
3. NAME OF DECEASED (Type or Print) <b>Frank</b>			a. (First)	b. (Middle)	c. (Last) <b>Flieg</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2-3-49</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept 3 1879</b>		9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months	IF UNDER 10 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St Genevieve</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
13a. FATHER'S NAME <b>Andrew Flieg</b>			13b. MOTHER'S MAIDEN NAME <b>Barbara Bauer</b>		14. NAME OF HUSBAND OR WIFE <b>Minnie</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <b>499-01-1475</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Minnie Flieg</b>		ADDRESS <b>1417 St Ange Av</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>3 minutes</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				Sarcinome Stomach			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____			
				DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Dec 10</b> , 19 <b>48</b> , to <b>Feb 3</b> , 19 <b>49</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>H G Moore</b> (Degree or title)				23b. ADDRESS <b>917 - 50 17</b>		23c. DATE SIGNED <b>2-4-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2/7/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Herculeum</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson County</b>		
DATE REC'D BY LOCAL REG. <b>FEB 5 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Farster</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm C Moydell Und</b>		ADDRESS <b>1926 Allen</b>	

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

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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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Borg J. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allman

**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.