

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2788

State File No.

FILED JAN 26 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO.

Registrar's No. 0448

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri, b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3674 Montana St.,		d. STREET ADDRESS (If rural, give location) 3674 Montana St.,	
3. NAME OF DECEASED (Type or Print) a. (First) Margaretha		b. (Middle) Fleischmann, c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) January 15, 1952		5. SEX Female, 6. COLOR OR RACE White, 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH August 1, 1874		9. AGE (In years last birthday) 77, IF UNDER 1 YEAR Months Days, IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home,		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Germany, 4		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Michael Bereswill,		13b. MOTHER'S MAIDEN NAME Magdalen Zwick, Michel	
14. NAME OF HUSBAND OR WIFE John B. Fleischmann, dec'd.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pauline Antoni, 3674 Montana St.,	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC DECOMPENSATION ANTECEDENT CAUSES DUE TO (b) MYOCARDITIS DUE TO (c) HYPERTENSIVE CARDIOVASCULAR D II. OTHER SIGNIFICANT CONDITIONS DIABETES MELLITUS ARTERIOSCLEROSIS GENERALIZED	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from February 16, 1948, to January 15, 1952, that I last saw the deceased alive on JAN 15, 1952, and that death occurred at 1:45 A.M., from the causes and on the date stated above.		21f. HOW DID INJURY OCCUR? 44 31X	
23a. SIGNATURE (Degree or title) Smith Paul M.D.		23b. ADDRESS 2838 So Grand Blvd	
23c. DATE SIGNED 1-15-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal,	
24b. DATE 1/18/52		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery,	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary, 2842 Meramec St.,	
DATE REC'D BY LOCAL REG. JAN 15 1952		REGISTRAR'S SIGNATURE Paul Smith M.D.	

(Licensed Embalmer's Statement on Reverse Side)

St. Louis, 18, Mo.

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed Loron B. Percy

Licensed Embalmer No. 4094

2842 Meramec St.,

P. O. Address St. Louis, 18, 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.

State of Mo. }
County of — } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 2188
448

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. _____

On this 1st day of February, 1952, before me appears William G Benz, who, upon his oath, states that the original record of ~~birth~~ death for Margaretha Fleischmann died Jan 15 - 52, ~~born~~ in the State of Missouri, and which was filed at St Louis, Mo on 1/15, 1952, should be corrected as follows:

Item No. 13^e should read Magdalen Michel
Instead of Magdalen Zwick

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant William G Benz Undertaker
Relationship.
7847 Meramec St.
Present Address.

Thomas

Subscribed and sworn to before me this 1st day of February, 1952

My Commission expires 3-4-53 Ellen C Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

