THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 30 1953

State File No. 4281

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 0158

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

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lemay
c. LENGTH OF STAY (in this place): 40yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 235 Wachtel Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lemay
d. STREET ADDRESS (If rural, give location): 235 Wachtel Avenue

4860

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) **** c. (Last) FLES

4. DATE OF DEATH (Month) (Day) (Year): Jan. 16, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 26, 1887

9. AGE (In years last birthday): 65 — 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): Blacksmith

10b. KIND OF BUSINESS OR INDUSTRY: Own Business (Blacksmith)

11. BIRTHPLACE (City and State or Foreign Country): Germany

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Louis Fles

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Josephine Fles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO. (If yes, give war or dates of service): None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Josephine Fles 235 Wachtel, Lemay 23 Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

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.

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19a. DATE OF OPERATION: _____ 19b. MAJOR FINDINGS OF OPERATION: _____ 20. AUTOPSY? YES ☐ NO ☒

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) m.: _____ 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21f. HOW DID INJURY OCCUR?: _____

22. *I hereby certify that I attended the deceased from* April 29, 1953, to Jan 16, 1953, *that I last saw the deceased alive on* Jan 16, 1953, *and that death occurred at* 5:30P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Roy C Ramyo M.D. (Degree or title) — 23b. ADDRESS: 7702 Bway Lou — 23c. DATE SIGNED: 1/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: Jan. 19, 1953 — 24c. NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery — 24d. LOCATION (City, town, or county) (State): Lemay Ferry & Mt. Olive Rds.

DATE REC'D BY LOCAL REG.: 1-17-53 — REGISTRAR'S SIGNATURE: Herbert R. Danke - M.D. P.T. — 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C. Hoffmeister U. & L. Co. 7814 So. Broadway St. Louis 11 Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.