

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

13312

State File No.

FILED MAY 11 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 519

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3708 Penn. St.		d. STREET ADDRESS (If rural, give location) 3424 Olive St.	

3. NAME OF DECEASED (Type or Print) a. (First) HOWARD b. (Middle) Y. c. (Last) FLEISCHER			4. DATE OF DEATH (Month) (Day) (Year) May 2, 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Nov. 17, 1872		9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months Days IF UNDER 1 MRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter (Ret.)			10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and State or Foreign Country) Shermansdale Penn.
					12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME John K. Fleishber		13b. MOTHER'S MAIDEN NAME Elizabeth Young		14. NAME OF HUSBAND OR WIFE Sadie H. Fleischer	
--	--	---	--	--	--

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. 491-09-1429A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Sadie H. Fleischer St. Joseph Mo.	
---	--	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 6 months many years.	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration.					
		ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis					
		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 None.			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 June 6, 1952 to May 2, 1953, that I last saw the deceased alive on April 22, 1953, and that death occurred at 12:00P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clair H. Biggins M.D.		23b. ADDRESS 1302 Fremont St. St. Joseph Mo.		23c. DATE SIGNED 5-4-53	
--	--	--	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 5, 1953		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph Missouri	
--	--	---------------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG May 7, 1953		REGISTRAR'S SIGNATURE Leather M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stammy Funeral Home St. Joseph Mo.	
---	--	--	--	---	--

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

0117
1

MAY 14 1933

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 Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St. Joseph, 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.