

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**23355**

State File No. \_\_\_\_\_

**FILED JUL 8 - 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 545 Registrar's No. 1782

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u> c. LENGTH OF STAY (in this place) <u>3 years</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Maplewood Nursing Home</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood 4527</u> d. STREET ADDRESS (If rural, give location) <u>2200 Bredell Ave.</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) <u>JOHN</u> a. (First) <u>M. V.</u> b. (Middle) <u>FLESH</u> c. (Last)		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>June 25, 1953</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Aug. 22, 1866</u>
<b>9. AGE</b> (In years last birthday) <u>86</u>	# UNDER 1 YEAR <u>10</u> Months	# UNDER 1 YEAR <u>3</u> Days	# UNDER 1 HRS. <u>1</u> Hours <u>2</u> Min.
<b>10a. DURING OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Varnish Mfg.</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>St. Louis</u>
		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>Martin Flesh</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>	
		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Araminta Flesh, Dec'd.</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> (If yes, give war or dates of service) <u>489-18-3012a</u>	
		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Roy Flesh, 101d Colony, Kirkwood</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>	
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral Hemorrhage</u>	
		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____	
		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>4 days</u>  <u>5 years</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>33IX</u>	
		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>July 19, 47</u> to _____, 19____, that I last saw the deceased alive on <u>June 24, 53</u>, and that death occurred at <u>1 A</u> m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <u>Arthur M. Westray M.D.</u>		<b>23b. ADDRESS</b> <u>204 E. Big Bend</u>	
		<b>23c. DATE SIGNED</b> <u>6/26/53</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>6/27/53</u>	
		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Oak Hill Cemetery</u>	
		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Kirkwood, Mo.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>6-26-53</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Walter R. Donk M.D.</u>	
		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Louis H. Goff, Inc. Kirkwood</u>	

WHILE PLAINLY—USING UNFADING 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 Felix Husband

Licensed Embalmer No. 3034

P. O. Address Kirkwood 22

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.