

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33205

FILED OCT 9 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8413

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN Shrewsbury 56	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lutheran Hospital		e. STREET ADDRESS (If rural, give location) 7502 Nottingham Ave. 4561	
3. NAME OF DECEASED (Type or Print) a. (First) KATHERINE b. (Middle) M. c. (Last) FLEISCHER		4. DATE OF DEATH (Month) (Day) (Year) Aug. 28 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH May 5, 1878
9. AGE (In years last birthday) 75		10. MONTHS	10. DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Unknown Stapleton		13b. MOTHER'S MAIDEN NAME Unknown Kimball	
14. NAME OF HUSBAND OR WIFE Late Henry 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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frances Deems 1918 Forest Ave.	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Myocardial Failure</i> INTERVAL BETWEEN ONSET AND DEATH <i>7 days</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chr. Myocarditis</i> DUE TO (c) <i>Hypertension &amp; Senility</i> 2. 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 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 442X		22. I hereby certify that I attended the deceased from <i>3/5/44</i> 19, to <i>8/28/53</i> 19, that I last saw the deceased alive on <i>8/28/53</i> 19, and that death occurred at <i>10:45</i> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <i>Walter H. Decker M.D.</i>		23b. ADDRESS <i>3108 S. Grand</i>	
23c. DATE SIGNED AUG 29 53		24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	
24b. DATE Aug. 31, 1953		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Kriegshauser</i> 4228 S. Kingshighway Bl.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AUG 31 1953 <i>W. B.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Kriegshauser</i> 4228 S. Kingshighway Bl.	

WRITE 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.....  
Signature of Student Embalmer

Signed *John A. [Signature]* .....  
Licensed Embalmer No. *4533*  
P. O. Address *Lucin N* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.