

FILED FEB 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3464

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 235

1. PLACE OF DEATH a. COUNTY <i>St. Louis MO</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis MO</i>	
b. CITY OR TOWN <i>Rural: Ash Grove Township</i>		c. CITY OR TOWN <i>St. Louis</i>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Jewish Sanatorium</i>		e. STREET ADDRESS (If rural, give location) <i>5226 Washington Avenue</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>HARRY</i> b. (Middle) <i>A</i> c. (Last) <i>FLEISCHER</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Jan. 29. 1955</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>June 15, 1890</i>	9. AGE (In years last birthday) <i>64</i>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Dentist</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>DENTISTRY</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>St. Louis, Missouri</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>					

13a. FATHER'S NAME <i>Unk.</i>	13b. MOTHER'S MAIDEN NAME <i>Unk.</i>	14. NAME OF HUSBAND OR WIFE <i>Bertha L. Fleischer</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>yes</i>	16. SOCIAL SECURITY NO. <i>W. W. #1 Unknown</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. H. H. Fleischer</i>	ADDRESS <i>5226 Washington</i>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>bronchopneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>1 1/2 years</i> <i>5 years</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>fracture of tibia with nonunion</i> DUE TO (c) <i>psoriasis praesevens</i>		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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?

22. I hereby certify that I attended the deceased from *Sept. 9, 1954*, to *Jan 29, 1955*, that I last saw the deceased alive on *Jan 29, 1955*, and that death occurred at *6:30 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Harry H. Fleischer M.D.</i>	23b. ADDRESS <i>462 No. Taylor</i>	23c. DATE SIGNED <i>1/30/55</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>1/31/55</i>	24c. NAME OF CEMETERY OR CREMATORY <i>B'nai Amoona Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.</i>
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DATE REC'D BY LOCAL REG. <i>1-30-55</i>	REGISTRAR'S SIGNATURE <i>Herbert R. Dombke M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Herman Rindskopf, Inc.</i>	ADDRESS <i>5216 Delmar Bl</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 24 1962

MAR 9 1962

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 Ketter*.....
Licensed Embalmer No. 3882

P. O. Address

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.