

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 22 1956

State File No. **10709**
Registrar's No. **2193**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____ b. CITY OR TOWN ST LOUIS (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (In this place) 13 days d. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERN (If not in hospital or institution, give street address or location)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____ c. CITY OR TOWN ST LOUIS d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 16 4324 ARSENAL 21690	
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3. NAME OF DECEASED a. (First) WILLIAM C. FLITNER (Type or Print) b. (Middle) AKA c. (Last) WILLIAM KINSELLA			4. DATE OF DEATH (Month) (Day) (Year) 2-29-56			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH AUG 6-1885	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RECEIVING AGENT		10b. KIND OF BUSINESS OR INDUSTRY CAN Co.		11. BIRTHPLACE (City and State, or Foreign Country) ILLINOIS		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME CHRISTIAN FLITNER	13b. MOTHER'S MAIDEN NAME CATHERINE KOENIG	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NID	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Jacob M Flitner

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Recto-Sigmoid junction. 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. metastatic carcinoma of liver.		INTERVAL BETWEEN ONSET AND DEATH unk.
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 0	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 154 X
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 **2-13, 1956**, to **2-29, 1956**, that I last saw the deceased alive on **2-29, 1956**, and that death occurred at **11:35 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Irma A. Bailey M.D.	23b. ADDRESS 3108 So. Grand Blvd.	23c. DATE SIGNED 3-1-56
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 3-1-56	24c. NAME OF CEMETERY OR CREMATORY Walnut Hills
DATE REC'D BY LOCAL REG. MAR 1 1956	REGISTRAR'S SIGNATURE Charles Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Geo Keener

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 *not Embalmed*, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Geo. Renner

Licensed Embalmer No. *74*

P. O. Address *Belleville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(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.