

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 25 1956

State File No. 17843
Registrar's No. 4357

318 1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 17843		Registrar's No. 4357					
1. PLACE OF DEATH a. COUNTY Missouri				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place) 5Y8M24da			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"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Chronic Hospital				e. STREET ADDRESS (If rural, give location) 13 5600 Arsenal 21390									
3. NAME OF DECEASED (Type or Print) Nickolaus			a. (First)		b. (Middle)		c. (Last) Fluetsch		4. DATE OF DEATH (Month) (Day) (Year) 5/2/56				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED		8. DATE OF BIRTH 10/27/66		9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 HRS. Hours _____	IF UNDER 1 HRS. Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Switzerland 5			12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Nicholas Fleutsch				13b. MOTHER'S MAIDEN NAME Walpolga Condrath				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) No. Nil.				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chronic Hospital, 5600 Arsenal							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH			
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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Cerebral Arteriosclerosis</i>								years <i>4</i>			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Generalized Arteriosclerosis</i>								years <i>4</i>			
		DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Arterio-sclerotic Heart Disease</i>								years <i>4</i>			
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) _____		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 <i>8/9</i> , 19 <i>49</i> , to <i>5/2</i> , 19 <i>56</i> that I last saw the deceased alive on <i>5/2</i> , 19 <i>56</i> , and that death occurred at <i>11:15 P.m.</i> , from the causes and on the date stated above.													
23a. SIGNATURE <i>George M. Janaka, M.D.</i> (Degree or title) _____				23b. ADDRESS <i>5600 Arsenal</i>				23c. DATE SIGNED <i>May 3, 1956</i>					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE <i>5-3-56</i>		24c. NAME OF CEMETERY OR CREMATORY <i>St. Johns Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Swiss, Missouri.</i>							
DATE REC'D BY LOCAL REG. <i>MAY 3 1956</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Hugo Blumer Funeral Home, Hermann, MO.</i>							

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 R. Kenney

Licensed Embalmer No.....

P. O. Address.....
St. Louis

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.