XC-3309 733
Reg. #17704
SL #3033

FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35497
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9100

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY Saint Clair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N.Grand,St.Louis,Mo. Inside Limits Yes X No ☐	c. CITY OR TOWN E. ST. LOUIS $12 Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Veterans Administration Hospital Length of stay in 1b 80 days	d. STREET ADDRESS (If outside, give location) 1121 N. 11th St. Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First JOHN	Middle L.	Last FLECHSIG	4. DATE OF DEATH Month Day Year October 4, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 7/6/06	9. AGE (In years last birthday) 50 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Cripple Creek, Colo.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Richard Flechsig			14. MOTHER'S MAIDEN NAME Catherine Doyle	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW-2		16. SOCIAL SECURITY NO. 327-03-4288	17. INFORMANT Address VA Hosp. Records, St.Louis,Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MITRAL STENOSIS DUE TO RHEUMATIC FEVER — INTERVAL BETWEEN ONSET AND DEATH UNK.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) - - - -

DUE TO (c) - - - -

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) - - - -

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ NONE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) - - - 410X -

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year - - - -

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ VA

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION - - COUNTY - STATE

21. I attended the deceased from 7/16/56, to 10/4/56 and last saw him alive on 10/4/56

Death occurred at 6:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. F. Westphaelinger M.D.

22b. ADDRESS VAH, St. Louis, Mo.

22c. DATE SIGNED 10/4/56

23a. BURIAL, CREMATION, REMOVAL (Specify) H. F. WESTPHAELINGER, M. D.

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State) EAST St Louis, Illinois

24. FUNERAL DIRECTOR ADDRESS John J. Kassley E. St. Louis

25. DATE RECD. BY LOCAL REG. OCT 4 1956

26. REGISTRAR'S SIGNATURE J. Earl Smith M.D. MSB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a cause

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Not Embalmed

Signed Joseph J. Kasely

Licensed Embalmer No.....

P. O. Address.....

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.