

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JAN 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2309

STATE FILE NUMBER

Registration District No. 276 Primary Registration District No. 5945 Registrar's No. 30

| | | | | | | | | |
|---|----------------------------------|--|--|---|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Phelps</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>ST. LOUIS</u> | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>N. Dillon</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN <u>ST. LOUIS</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ferndale Home</u> | | Length of stay in lb <u>2 yrs.</u> | | d. STREET ADDRESS (If outside, give location) <u>←</u> | | | | |
| 3. NAME OF DECEASED (Type or print) First <u>Joseph</u> Middle <u>E.</u> Last <u>Flieschmann</u> | | | | 4. DATE OF DEATH Month <u>JAN.</u> Day <u>4</u> Year <u>58</u> | | | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>July 7th 1873</u> | | 9. AGE (In years last birthday) <u>84</u> | IF UNDER 1 YEAR Months <u>5</u> Days <u>28</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>←</u> | | 11. BIRTHPLACE (City and state or country) <u>Germany</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13. FATHER'S NAME <u>Simon Flieschmann</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Regina Gross</u> | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>No</u> | | 17. INFORMANT Address <u>Ferndale Office - ST. James, Mo.</u> | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic parenchymatous nephritis about 5 years</u> 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) <u>Toxic anemia</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>591X</u> | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | |
| 20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____ | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 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 <u>Oct 6, 1955</u> to <u>January 4, 1958</u> and last saw <u>him</u> alive on <u>Dec. 19, 1957</u> Death occurred at <u>5:30 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE <u>C. V. Hammer, M.D.</u> (Deceased or title) | | | | 22b. ADDRESS <u>St. James, Mo.</u> | | 22c. DATE SIGNED <u>1-7-58</u> | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Reburial</u> | | 23b. DATE <u>Jan. 6-58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>ST. LOUIS, C.E.M.</u> | | 23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO</u> | | | |
| 24. FUNERAL DIRECTOR <u>Hoffmeister mortuary - St. Louis, Mo</u> | | | 25. DATE RECD. BY LOCAL REG <u>1-7-58</u> | | 26. REGISTRAR'S SIGNATURE <u>Ruth B. Powell</u> | | | |

RECEIVED

Phelps County Health Officer,

County File Number 929

Date Filed 1/8/58

JAN 10 1958

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 me Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed Oral E Licklider

Licensed Embalmer No. 35

P. O. Address St. James

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.