

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-016808

FILED VS APR 22 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **3984** STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Desloge Hospital | | d. STREET ADDRESS (If outside, give location) 5409 Tholozan Ave. | |

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| 3. NAME OF DECEASED (Type or print) First OTTO Middle R. Last FLEBBE | | | 4. DATE OF DEATH Month April Day 8 Year 1960 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3-11-1896 | 9. AGE (last birthday) 64 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice President (Retired) | | 10b. KIND OF BUSINESS OR INDUSTRY United Bakers Supply Co. St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Herman Flebbe | | 13b. MOTHER'S MAIDEN NAME Adolphine Zeller | | 14. NAME OF HUSBAND OR WIFE Henrietta M. Flebbe | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address Henrietta M. Flebbe 5409 Tholozan Ave. | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Squamous cell carcinoma of L. Lung | | INTERVAL BETWEEN ONSET AND DEATH 1 year |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 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 **April 21, 1959** to **April 8, 1960** and last saw her/him alive on **April 8, 1960**
Death occurred at **11:05 P.** on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <i>[Signature]</i> (Degree or title) M.D. | | 22b. ADDRESS 4145 a South Grand Blvd. | | 22c. DATE SIGNED 4.11.60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Apr. 12, 1960 | 23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park | 23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. | |

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| 24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway Blvd. | 25. DATE RECD. BY LOCAL REG. APR 11 1960 | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> |
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DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

APR 22 1961

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William B White

Licensed Embalmer No. 4291

P. O. Address 4328 Asbury

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