

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023693  
STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 599 Registrar's No. 95

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10500  
20500

3

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Herculaneum</b>		Length of stay in 1b	c. CITY OR TOWN <b>Herculaneum</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>206 South Main St.</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>206 South Main Street</b>
3. NAME OF DECEASED (Type or print) First <b>Archie</b> Middle Last <b>Flieg</b>		4. DATE OF DEATH Month <b>June</b> Day <b>23</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 3, 1902</b>
9. AGE (last birthday) <b>60</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Leadworker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>St. Jos. Lead Co.</b>	11. BIRTHPLACE (City and state or country) <b>Herculaneum, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Henry Flieg</b>	
13b. MOTHER'S MAIDEN NAME <b>Gora Cadwallader</b>		14. NAME OF HUSBAND OR WIFE <b>Hattie Bamert</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>---</b>	17. INFORMANT <b>Mrs. Hattie Flieg, 206 S. Main, Herculaneum</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Epidemic carcinoma of mouth</b> DUE TO (b) <b>metastasis to brain &amp; lungs</b> DUE TO (c) <b>metastasis to brain &amp; lungs</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 yrs</b> <b>6 mos</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year		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 <b>Mar 1961</b> to <b>June 23, 1962</b> and last saw him alive on <b>6/23/62</b> Death occurred at <b>3:00 PM 6/23/62</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>[Signature]</b> (Degree or title)		22b. ADDRESS <b>Herculaneum, Mo.</b>	
22c. DATE SIGNED <b>6/25/62</b>		22d. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>June 26, 1962</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>		23d. LOCATION (City, town, or county) <b>St. Louis County, Mo.</b>	
24. FUNERAL DIRECTOR <b>Vinyard Funeral Home, Inc., Festus, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6-26-62</b>	
26. REGISTRAR'S SIGNATURE <b>[Signature]</b>			

USE BLACK INK OR TYPEWRITER RIBBON

JUL 10 1962

**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

*Donald H. Wingard*

Licensed Embalmer No.

*4608*

P. O. Address

*Festus, Mo.*

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.