

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

35459

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. **791**  
Primary Registration District No. **1003**

File No.....  
Registered No. **10645**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

*George Richmann*  
(a) Residence. No. *8606 Nat'l Bldg Rm* St. *17* Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Married

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** *Minnie Flickmann*

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** *Feb. 10 - 1858*

**7. AGE** YEARS MONTHS DAYS **IF LESS than 1 day, hrs. or min.**  
*69 9 16*

**8. OCCUPATION OF DECEASED**  
(a) Trade, profession, or particular kind of work *Reactor*  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer *Self*

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** *Ohio*

**10. NAME OF FATHER** *Henry Flickmann*

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** *Germany*

**12. MAIDEN NAME OF MOTHER** *Not known*

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** *Germany*

**14. INFORMANT (Address)** *Mrs Minnie Flickmann 8606 Nat'l Bldg Rm*

**15. FILED** *NOV 28 1927* *Marie Starneoff* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** *November 26<sup>th</sup> 1927*

**17. I HEREBY CERTIFY, That I attended deceased from** *November 19<sup>th</sup> 1927*, to *November 26<sup>th</sup> 1927*, that I last saw him alive on *November 25<sup>th</sup> 1927*, and that death occurred, on the date stated above, at *1:30* p.m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**  
*107A*  
*100D 100W*  
*Broncho-Pneumonia*  
(duration) yrs. mos. *2* da.

**CONTRIBUTORY (SECONDARY)** *Bronchitis Non Tuberculosis*  
(duration) yrs. *1* mos. da.

**18. WHERE WAS DISEASE CONTRACTED**  
IF NOT AT PLACE OF DEATH: *Home*

**19. DID AN OPERATION PRECEDE DEATH?** *no* DATE OF \_\_\_\_\_

**20. WAS THERE AN AUTOPSY?** *no*  
**WHAT TEST CONFIRMED DIAGNOSIS?** *Physical findings*  
(Signed) *J. M. Brown*, M. D.

(Address) *2867<sup>a</sup> Union Blvd. Nov 26, 1927*  
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** *Next St. Marces* **DATE OF BURIAL** *Nov. 28 1927*

**20. UNDERTAKER** *John Luce* **ADDRESS** *2707 N Grand*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

