

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.

J. D. Jennings
 Sabah Washington

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

Do not use this space.

18466

1. PLACE OF DEATH

County.....
 Township.....
 City St. Louis (No.)

Registration District No. 791
1003
 Primary Registration District No.

File No.
 Registered No. 4800
 St. Ward)

2. FULL NAME

Raymond E. W. Flachs
 (a) Residence. No. 4275 Maffitt St., 11 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 Single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 5 1921

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. ____ min.
6 7 26

8. OCCUPATION OF DECEASED School Boy
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer 10/8/24

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Carl Flachs

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Mary Riebel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo

14. INFORMANT Mrs. E. Flachs
 (Address) 4285 Maffitt Av

15. FILED May 3 1928 REGISTRAR Max Starbuck

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 1 1928

17. I HEREBY CERTIFY, That I attended deceased from April 30, 1928, to May 1, 1928 that I last saw him alive on May 1, 1928, and that death occurred, on the date stated above, at 8:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-pneumonia, following measles.

CONTRIBUTORY Tuberculosis of spine
 (SECONDARY) (duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) M. D. Jennings, M. D.

May 2, 1928 (Address) 1101 Washington Blvd. St. Louis Mo.

*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 DATE OF BURIAL

Gion May 4 1928
 20. UNDERTAKER Wm. F. Paschdag ADDRESS 2825 7th Grand Av

