WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

18652

1. PLACE OF DEATH

County ..... Registration District No. 781 File No. 1003

Township ..... Primary Registration District No. ..... Registered No. 5041

City St. Louis (No. 3763 Gravois ave St. ..... Ward)

2. FULL NAME Miriam Mildred Flamme

(a) Residence. No. 3763 Gravois ave St. 16 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 9 - 1923

7. AGE: Years 4 | Months 6 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER Geo. B. Flamme
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis
12. MAIDEN NAME OF MOTHER Mildred Crecelius
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

14. INFORMANT Geo. B. Flamme
(Address) 3763 Gravois ave

15. FILED MAY -8 1928 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 5 1928

17. I HEREBY CERTIFY, That I attended deceased from April 30th, 1928, to May 5th, 1928 that I last saw her alive on May 5th, 1928 and that death occurred, on the date stated above, at 11 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Malaria
3 [illegible]
1928
(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Acute Cholecystitis
(duration) ..... yrs. ..... mos. 14 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? Blood & Phy Exam.

(Signed) Alex Stein, M. D
5/8, 1928 (Address) 3608 S Grand

*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: Sunset Burial Park
DATE OF BURIAL: 5-8 1928

20. UNDERTAKER: Wacker-Helderle
ADDRESS: 2331 [illegible]