

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

Do not use this space.

35166

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis* (No. *City Hospital*)

File No. ....

Registered No. **10149**

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. *3549 - Spring Ave 16* Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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 6-1906*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<i>22</i>	<i>0</i>	<i>9</i>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work *Telephone Operator*  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer *Bell Telephone Co*

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

10. NAME OF FATHER *Louis Flick*

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

12. MAIDEN NAME OF MOTHER *Minnie Pletha*

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

14. INFORMANT *Louis Flick*  
(Address) *3549 - Spring Ave*

15. FILED *16 10 28* *Mar 6 Starkey*  
19 *28* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Oct 15 1928*

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... *1:55 A.M.*

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

*Shock & Injuries (Fractured Skull)  
Received when auto he was riding in overturned on St. Louis County 210M*

CONTRIBUTORY (SECONDARY) *Whether criminal or accidental not ascertained*  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH

8 DID AN OPERATION PRECEDE DEATH. DATE OF.....

WAS THERE AN AUTOPSY? *yes*

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *Tommy Deven* M.D.  
*10/16/28* (Address) *Dep Coroner*

\*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 *New St Pauls Churchyard* DATE OF BURIAL *Oct 17 1928*

20. UNDERTAKER *Wacker-Helders* ADDRESS *2331 S. Blaney*

WRITE PLAINLY, WITH UNFADING INK—PRINTS IN PLAIN. 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.

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