

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.

1882 21 1834

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

Do not use this space.

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 489 File No. 26298
 Township Central Primary Registration District No. 6033 Registered No. 193
 City St. Louis (No. 8660, Natural Bridge) St. _____ Ward _____

2. FULL NAME Mamie Flichmann
 (a) Residence, No. 8660 Natural Bridge 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. 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19, 1868

7. AGE YEARS 66 MONTHS 4 DAYS 13 IF LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

FATHER
 13. NAME Charles Berger
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
 15. MAIDEN NAME Not known
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Carl A. Lanstiel
 (ADDRESS) 8660 Natural Bridge

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Peters DATE July 5, 1934

19. UNDERTAKER Arthur S. Sileo
 (ADDRESS) 2707 N. Grand

20. FILED 7-3- 1934 W. Baehner
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1934

22. I HEREBY CERTIFY that I attended deceased from June 30, 1934 to July 2, 1934
 I last saw him alive on July 2, 1934 Death is said to have occurred on the date stated above, at 9:40 p.m.
 The principal cause of death and related causes of importance were as follows:
Incarcerated Date of onset
1229 strangulated hernia
 Other contributory causes of importance: none

Name of operation Cholecystectomy Date of _____
 What test confirmed diagnosis _____ Was there an autopsy no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Harry A. Meyer, M. D.
 (Address) 4963 Delmar

