

JUN 12 1935

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

Do not use this space.

18275

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St. Louis** (No. **4051**, **Kassuth Ave.**) ..... St. .... Ward)

File No. ....  
Registered No. **4622** ..... St. .... Ward)

2. FULL NAME

(a) Residence, No. **4051 Kassuth Ave.** St. **10** 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 **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 Flottmann (Boye)**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 27 1881**

7. AGE YEARS **53** MONTHS **4** DAYS **24** If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **City Fireman**

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) **St. Louis Mo.** (STATE OR COUNTRY)

13. NAME **Rudolph Flottmann**

14. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

15. MAIDEN NAME **Sophie Kemm**

16. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

17. INFORMANT **Mrs. Minnie Flottmann** (ADDRESS) **4051 Kassuth Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Johns** DATE **May 24** 19**35**

19. UNDERTAKER **Math Hermann & Son** (ADDRESS) **West East Fairview**

20. FILED **MAY 24 1935** 19 **J. Brebeck** Registrar

**No** MEDICAL CERTIFICATE OF DEATH  
*No operation in attendance*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 21** 19**35**

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

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at **2<sup>00</sup>** P. m.

The principal cause of death and related causes of importance were as follows:

*Cardiac Dilatation - Pulmonary Edema - Pulmonary Infarcts - Acute Nephritis Arteriosclerosis - Chronic Myocarditis*

Other contributory causes of importance: **Cause acute nephritis unproved**

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? **Yes**

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? If so, specify .....

(Signed) **Harold Gehring** M.D.  
(Address) **St. Louis**

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.

