

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

Do not use this space.

JAN 10 1937

46524

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **791**
 City **St. Louis** (No. **2123 East Prairie**)
 (No. **2123 East Prairie**)
 File No. **12313**
 Registered No. **12313**
 St. Ward

2. FULL NAME Dora Flegle

(a) Residence, No. **2123 East Prairie Ave.** Ward. **9**
 (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) **Widowed**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **William Flegle**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 24, 1863**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 3 19
 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)..... **Illinois**
 (STATE OR COUNTRY)

13. NAME **Sylvester Waller**

14. BIRTHPLACE (CITY OR TOWN)..... **Nashville**
 (STATE OR COUNTRY) **Tenn.**

15. MAIDEN NAME **Nancy Hogan**

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

17. INFORMANT **Mrs. Helen Wahoski**
 (ADDRESS) **1435 East John Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Memorial Park** DATE **Dec. 16, 1936**

19. UNDERTAKER **CULLINANE BROS.**
 (ADDRESS) **1710 N. GRAND BLDG.**

20. FILED **DEC 16 1936** **J. F. Bredeck**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 13 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 11**, 1936, to **Dec. 13**, 1936
 I last saw her alive on **Dec. 13**, 1936. Death is said to have occurred on the date stated above, at **2:40** P. m.

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

Chronic Myocarditis Date of onset **7-25-34**
Atherosclerosis **7-25-34**

Other contributory causes of importance:

Name of operation **None** Date of.....
 What test confirmed diagnosis **Clinical** 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?.....
 If so, specify.....

(Signed) **Almonette Byrns** M. D.
 (Address) **3802 N. Grand Blvd**

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.

