REC'D APR 1 1938

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

8715
Do not use this space.

1. PLACE OF DEATH
(a) County Enrouted to Homer philips Hos. Registration District No.
(b) Township Primary Registration District No. Registered No. 2304
(c) City St Louis Mo (d) Street No. Enroute Homer G Phillips St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Willie Flage 420
(a) Residence, No. 2825a Pine St. St. 21
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Col.
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) Jan. 1, 1909
7. AGE YEARS 29 MONTHS 2 DAYS 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Labor
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) Miss.

FATHER
13. NAME Tommy Flage
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

MOTHER
15. MAIDEN NAME Callie Carey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

17. INFORMANT (ADDRESS) Annie Williams 2319 Wash St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE March 8, 1938
19. FUNERAL DIRECTOR (ADDRESS) Dement & Son 2631 Wash St.
20. FILED MAR 8 1938 J. D. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH
No attending physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/3/38, 19

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 9:30 A.M. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Ruptured Aneurism (Ascending and transverse aorta).
Pulmonary Tuberculosis.

Other contributory causes of importance:

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? No
If so, specify .....
(Signed) Joseph M. Quinn, M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Lonnie Boyfinn, Licensed Embalmer No. 2946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Lonnie Boyfinn

Licensed Embalmer No. 2946

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)