

REC'D APR 11 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH791  
10039316  
Do not use this space.

Registered No. 2905

## 1. PLACE OF DEATH

- (a) County..... Registration District No. 2  
1
- (b) Township..... Primary Registration District No. 4223
- (c) City St. Louis, Mo...... (d) Street No. 3222 La Salle St...... St.
- (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

- Godfrey Flakes 422
- (a) Residence, No. 3222 La Salle St. St. 18 (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.
- About 52

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. Laborer
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) Jackson, Tenn13. NAME Thomas Flakes14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Tenn15. MAIDEN NAME Not Known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Tenn17. INFORMANT Albert Flakes  
(ADDRESS) 3222 La Salle St.18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Washington Park March 28 193819. FUNERAL DIRECTOR A. L. Neal Und Co.  
(ADDRESS) 2726 Lucas Ave20. FILED MAR 28 1938  
J. F. Brubaker RegistrarMEDICAL CERTIFICATE OF DEATH  
NO PHYSICIAN IN ATTENDANCE21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/23/38 19

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

I last saw him ..... alive on ..... Death is said

to have occurred on the date stated above, at 4:40 P.M.

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

Ruptured Sacculated Aneurism of Arch of the Aorta.Other contributory causes of importance: 96Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? yes23. 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 Alfred Perry M.D.(Signed) Alfred Perry  
(Address) Deputy Coroner

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.

**STATEMENT BY LICENSED EMBALMER**

I, John E. Pope, Licensed Embalmer No. 1463

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

John E. Pope  
Licensed Embalmer No. 1463

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