

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.

SEP 14 1939

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

27780

Do not use this space.

7280

Registered No.

1. PLACE OF DEATH

(a) County..... Registration District No. 791  
(b) Township..... Primary Registration District No. 1003  
(c) City or St. Louis, Mo. (d) Street No. City, Infirmary. 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 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emmy Flach.

(a) Residence, No. 5800 Arsenal St. St. 13  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 24, 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
77 5 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. No Occupation  
9. Industry or business in which work was done, as 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) Germany.

13. NAME Edward Flach.

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

15. MAIDEN NAME Caroline Maas.

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

17. INFORMANT E. Molony.  
(ADDRESS) 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL Emmy - Ill Aug 25, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bennett, Richard  
1431 Union Park

20. FILED AUG 22 1939 J. B. Baker  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 1, 1936, to August 21, 1939  
er alive on August 21, 1939 Death is said to have occurred on the date stated above, at 1:25 p.m.  
The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis and myocardial degeneration  
Rheumatic Heart Disease  
Other contributory causes of importance: Atherosclerosis, Senile dementia  
Date of onset 1932

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? 760  
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.

(Signed) E. J. Baker M.D.  
(Address) 5600 Arsenal St. Louis, Mo.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Larry M. White*

Licensed Embalmer No. *3973*

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**