

**JAN 15 1940** **791**  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
(a) County \_\_\_\_\_  
(b) City or town St. Louis Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Dee Paul Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 weeks  
(Specify whether 1)  
In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME:** Theresa Flottesesch  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. none

**4. Sex:** Female **5. Color or race:** White **6. (a) Single, widowed, married,** divorced Single  
**6. (b) Name of husband or wife:** \_\_\_\_\_ **6. (c) Age of husband or wife if** alive \_\_\_\_\_ years  
**7. Birth date of deceased:** Jan 6 Th 1881  
(Month) (Day) (Year)

**8. AGE:** Years 79 Months 10 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace:** St. Louis Mo (City, town, or county) (State or foreign country)  
**10. Usual occupation:** House Work

**11. Industry or business:** \_\_\_\_\_  
**MOTHER FATHER** { **12. Name:** Bernard Flottesesch  
**18. Birthplace:** Germany (City, town, or county) (State or foreign country)  
**14. Maiden name:** Bernadina Schmidt  
**15. Birthplace:** Germany (City, town, or county) (State or foreign country)

**16. (a) Informant:** Bernard Flottesesch  
**(b) Address:** 4017 Blair Ave  
**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof:** Dec. 3 d 1940  
(Month) (Day) (Year)  
**(c) Place:** burial or cremation Calvary Cemetery

**18. (a) Signature of funeral director:** Edward Koch  
**(b) Address:** 3514 N 14 Th Str  
**19. (a) DEC-11-1940** (Date received local registrar) **(b) J. H. Budeck** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Mo (b) County \_\_\_\_\_  
(c) City or town St. Louis Mo 26  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3622 N 14 Th Str  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month 11-29-40 day \_\_\_\_\_  
year \_\_\_\_\_ hour 8:30 minute \_\_\_\_\_ P. M.  
**21. I hereby certify that I attended the deceased from** Sept 16  
\_\_\_\_\_ 1940 to Nov 29 1940  
that I last saw her alive on Nov 29 1940  
and that death occurred on the date and hour stated above.  
Immediate cause of death Coronary Hemorrhage Dysrhythm

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Coronary Myocarditis  
(Include pregnancy within 5 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
**PHYSICIAN** \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**22. If death was due to external causes, fill in the following:**  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
**23. Signature:** Edward Koch (M. D. or other)  
Address 3901 W. Franklin Date signed \_\_\_\_\_

**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 Harry J. Schumacher  
Licensed Embalmer No. 2679  
P. O. Address 7322 Emory

**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.**