

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

JAN 15 1940 '91

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 40203

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 9974

1. PLACE OF DEATH:

(a) County St Louis Mo

(b) City or town \_\_\_\_\_

(c) Name of hospital or institution: Medians Bros Hosp.

(d) Length of stay: In hospital or institution 2 1/2 years

In this community 2 1/2 years

3. (a) PRINT FULL NAME: George FLACH

(b) If veteran, name was Indian War

(c) Social Security No. None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

(b) Name of husband or wife: Meyer

(c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Birth date of deceased: February 17 1856

8. AGE: Years 84 Months 9 Days 15

If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Belleville Illinois

10. Usual occupation: Molder

11. Industry or business: Foundry

12. Name: Nichlas Flach

13. Birthplace: Germany

14. Maiden name: Meyer

15. Birthplace: Unknown

16. (a) Informant's own signature: Mrs John Knapp

(b) Address: 3002 S. Callipawa

17. (a) Removal (b) Date thereof: Dec 2 1940

(c) Place: burial or cremation: Mt Hope Belleville Mo

18. (a) Signature of funeral director: Geo Kerner

(b) Address: 120 N. Illinois Belleville Mo

19. (a) DEC 5 1940 (b) J F Breuch

2. USUAL RESIDENCE OF DECEASED:

(a) State: Illinois (b) County: St Clair

(c) City or town: Belleville Ills

(d) Street No.: 722 North Church St.

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2nd year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 8 1938 to Dec 1 1940

that I last saw him alive on Dec 1 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Ischemia Duration: 3 days

Due to: Arteria Sclerosis

Due to: Myocarditis Chronic

Other conditions: \_\_\_\_\_

Major findings: As C

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

(e) Means of injury: 1

23. Signature: W C Goldenried (M. D. or other) \_\_\_\_\_

Address: 4532 Virginia Date signed: 12/4/40

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**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.....

Licensed Embalmer No.....

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.**