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

FILED JAN 8 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43892

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 2491

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Hts.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 day years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")

(d) Street No. St. Mary's Hospital
(If rural, give location)

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

3. (a) PRINT FULL NAME INFANT FLAVEN

3. (b) If veteran, name war ——— 3. (c) Social Security No. ———

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced ———

6. (b) Name of husband or wife ——— 6. (c) Age of husband or wife if alive ——— years

7. Birth date of deceased December (Month) 30, (Day) 1940 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 9 hr. ____ min.

9. Birthplace Richmond Heights (City, town, or county) Missouri (State or foreign country)

10. Usual occupation infant 0

11. Industry or business ——— 0

MOTHER FATHER
12. Name Jas. L. Flaven, Jr.
13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country) 1
14. Maiden name Ruth Hicks
15. Birthplace Chicago, Illinois (City, town, or county) (State or foreign country)

16. (a) Informant James L. Flaven Jr.
(b) Address 5708 Bay Ridge Ave, Milw Wis

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/31/40 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director Alexander & Sons Inc
(b) Address 6175 Delmar Blvd.

19. (a) DEC 31 1940 (Date received local registrar) (b) R. R. Meyer M.D. Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 30 year 1940 hour 7 minute 30 P M.

21. I hereby certify that I attended the deceased from 12-30-40, 19__, to 12-30-40, 19__; that I last saw him alive on 12-30-40, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to

Due to 159

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy no

Duration

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? (Specify type of place)
While at work? (e) Means of injury

707

23. Signature Grey Jones (M. D. ~~[illegible]~~) 1
Address Lister Bldg, St Louis Mo Date signed 12-31-40

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed, Registered Apprentice No. ..... working under my personal supervision.

Signed Jos. E. McCullah

Licensed Embalmer No. 2460

P. O. Address 6125 Delmar

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

If this body is not embalmed, fact should be so stated above.