S. No. 2
—4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 261

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 261

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9
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1. PLACE OF DEATH:
(a) County: St. Louis Co. Missouri
(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 100
(c) City or town: St. Louis 2617
(If outside city or town limits, write "RURAL")
(d) Street No.: 3703 N. 20th. St. 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 54 0 years.

3. (a) PRINT FULL NAME: Elizabeth Flindt

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: F 1

5. Color or race: W

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

6. (b) Name of husband or wife: Henry

6. (c) Age of husband or wife if alive: ..... years

7. Birth date of deceased: Dec. (Month) 5 (Day) 1857 (Year)

8. AGE: Years 83 | Months 1 | Days 4 | If less than one day: ..... hr. ..... min.

9. Birthplace: ..... (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation: Housekeeper

11. Industry or business: —

MOTHER FATHER
12. Name: Wm. Von Boetger
13. Birthplace: ..... (City, town, or county) 4 Germany (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: ..... (City, town, or county) 4 Germany (State or foreign country)

16. (a) Informant: Mrs. Augusta Ohlich
(b) Address: 3703 N. 20th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 13, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Valhalla

18. (a) Signature of funeral director: Beiderwieden Funeral Home
(b) Address: 1936 St. Louis Ave. 1441

19. (a) JAN 11 1941 (Date received local registrar) (b) J. F. Bedich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9
year 1941 hour 10 minute 35 A.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture of left hip; Chronic Myocarditis; Bronchopneumonia; suffered when deceased fell in some unknown manner at her home 3703a No. 20th Street, on November 17th, 1940, at about 10.30 A.M. ACCIDENT — Duration

Due to: .....

Due to: .....

Other conditions: .....
(Include pregnancy within 3 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): Accident
(b) Date of occurrence: 11-17-1940
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? no (e) Means of injury: fall

23. Signature: James J. Fitzsimmons Coroner (Mr. Dr. or other)
Address: ..... Date signed: .....

(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 Harold Braun, Registered Apprentice No. 257 working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis

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, fact should be so stated above.