

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

26557

SEP 17 1941

791

Primary Registration District No.

1003

Registrar's No.

6349

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2620 Hebert St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Gertrude Flachs

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

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced, Wid.
6. (b) Name of husband or wife Ferdinand Flachs
6. (c) Age of husband or wife if alive Deed years
7. Birth date of deceased Aug. 11th. 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 11 29 hr. min.

9. Birthplace Belleville, Ills.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER
12. Name Max Adler
13. Birthplace Denmark
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Baumgardner
15. Birthplace Dont Know
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Elmer E. Flachs
(b) Address 2620 Hebert St.

17. (a) Burial (b) Date thereof 8-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Froyost Und. Co.
(b) Address 3710 E. Grand Blvd.

19. (a) AUG - 2 1941 (b) J. Medrup
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2620 Hebert St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1st.
year 1941 hour 6.00 minute P M.

21. I hereby certify that I attended the deceased from July 31
1940, to Aug 1 1941
that I last saw h. er alive on aug 1 1941
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis chronic
Heart stroke

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) Accidental, 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 Joseph Gull (M. D. or other) _____
Address 3636 Hebert Date signed aug 2

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.

1 X10811

Dr. Gull
3656 Robert

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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 me

Paul R. Brown, Registered Apprentice No. 289

working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand

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.