V. S. No. 2
00M—2-43
ev. 5-17

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29921

FILED OCT 2 - 1943 318

Registration District No. 1003

Primary Registration District No.

Registrar's No. 8384

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

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: Deaconess Hospital. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Hours. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri. (b) County 17

(c) City or town St. Louis. 9 P
(If outside city or town limits, write "RURAL")

(d) Street No. 3147 Whittier.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Baby Flaming.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Single. 0

6. (b) Name of husband or wife

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

7. Birth date of deceased September 20 1943.
(Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 10 hr. min.

9. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Child.

11. Industry or business

FATHER
12. Name Jacob Flaming.
13. Birthplace Kansas. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anita Meyer.
15. Birthplace Missouri. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Jacob Flaming.
(b) Address 3147 Whittier.

17. (a) Burial (b) Date thereof 9-21-43.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old Pickers Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) SEP 21 1943 (b) J F Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21
year 1943 hour 5 minute am

21. I hereby certify that I attended the deceased from Sept 20, 1943, to Sept 21, 1943
that I last saw him alive on Sept 20, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prematurity.	
Due to Premature Labor	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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) No —

(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

23. Signature [signature] (M. D. or other)

Address 634 N. [illegible] Date signed 9/21/43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Not Embalmed

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, fact should be so stated above.