No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8931

Registration District No. 818 — Primary Registration District No. 1003 — Registrar's No. 3180

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: Max Starkloff Hospital (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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17 917
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 2031 S Compton (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Michael L. Flaks

3. (b) If veteran, name war No

3. (c) Social Security No. *****

4. Sex Male

5. Color or race Wht.

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Unknown (Month) About 1883 (Day) (Year)

8. AGE: Years Att. 61 Months Unknown Days If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mildred Kasel
(b) Address 6358 Delmar Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/44 (Month) (Day) (Year)
(c) Place: burial or cremation New S.S. Peter & Paul

18. (a) Signature of funeral director W. E. Moynell
(b) Address 1926 Allen Ave.

19. (a) APR 4 1944 (Date received local registrar) (b) G. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3 year 1944 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 20, 19 44 to April 3, 19 44 that I last saw him alive on April 3, 19 44 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Middle 1/3 Esophagus	4 mo
Due to: Carcinoma of Right tonsil	12 mo
Due to:	
Other conditions (Include pregnancy within 3 months of death): HBP	

Major findings:
Of operations no metastases to liver or stomach
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)
(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 D. J. Verda (M. D. or other)
Address City Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

844

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

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

working under my personal supervision.

Signed A. Dan. Davis

Licensed Embalmer No. 3741

P. O. Address: 1926 Allen ave

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.