

S. No. 2  
 M-8-13  
 v. 5-17-39  
 I X37823

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **18704**  
 Registrar's No. **5084**

FILED JUL 14 1945  
 818  
 Registration District No. **1003**  
 Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Enroute To City Hospital **3**  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 19

(c) City or town St. Louis **19**  
(If outside city or town limits, write "RURAL")

(d) Street No. 4040 Washington Blvd. **17**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **9**  
 If yes, name country 0

3. (a) PRINT FULL NAME Alexander Flatau

3. (b) If veteran, name war Nil

3. (c) Social Security No. 494-09-4543

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7  
 year 1945 hour 2 minute 28 M.

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

4. Sex Male  5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased September 8 1872  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Coronary Occlusion  
Coronary Sclerosis  
94a

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 72 Months 8 Days 29 If less than one day \_\_\_\_\_  
hr. min.

9. Birthplace Unknown Germany **1**  
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance Salesman **1**

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Sam Flatau

13. Birthplace Unknown Germany **11**  
(City, town, or county) (State or foreign country)

14. Maiden name Johanna Herz

15. Birthplace Unknown Germany **U**  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(a) Means of injury \_\_\_\_\_

23. Signature Samuel E. Hopp (M.D. or other) **3**  
 Address 4700 Washington Blvd. Date signed 6/18/45

16. (a) Informant Ben Adams

(b) Address 4040 Washington Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-45  
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JUN 8 1945 (Date received local registrar) (b) J. F. Prudeck (Registrar's signature)

**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.

Signed John Agonowski  
Licensed Embalmer No. 3398  
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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri }  
City of St. Louis } ss.

State File No. ....

**AFFIDAVIT FOR CORRECTION OF A RECORD**

Local Registrar's No. 5084

On this 15 day of June, 1945 before me appears  
Ben Adams, who, upon his oath, states that the original record of ~~birth~~ death  
for Alexander Flatau died June 7-1945, 19    , in the State of  
~~born~~ Missouri, and which was filed at      on     , 19    , should be corrected as follows:

Item No. 7 should read September 8-1872  
Instead of September 8-1871

Item No. 8 should read Age 72  
Instead of Age 73

Item No.      should read       
Instead of     

The above is true to the best of my knowledge, information and belief.  
(SEAL) Affiant Ben Adams Step-Son  
4040 Washington Relationship.

Present Address. ....

Subscribed and sworn to before me this 15 day of June, 1945

My Commission expires 3-4-49 Earl Paslow Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

18704