

No. 2  
M-5-43  
7-5-17-39  
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THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7434**  
Registrar's No. **1748**

**FILED** MAR 6 1946  
Registration District No. **318**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
6384

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: Jewish Hospital  
(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 Unnamed Flachs  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced.....  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased February 20, 1946  
(Month) (Day) (Year)

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

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name Lawrence Flachs 0  
13. Birthplace St. Louis 0  
(City, town, or county) (State or foreign country)  
14. Maiden name Jane Pritzker  
15. Birthplace St. Louis 0  
(City, town, or county) (State or foreign country)

16. (a) Informant L. Flachs  
(b) Address Salem Ill.

17. (a) burial (b) Date thereof 2/21/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bnai Amoona

18. (a) Signature of funeral director Berger Memorial  
(b) Address 4715 McPherson ave.

19. (a) FEB 21 1946 J. F. Bredbeck  
(Date certified copy issued) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Illinois (b) County 997  
(c) City or town Salem 11  
(If outside city or town limits, write "RURAL")  
(d) Street No. 502 S. Walnut  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No) NRD  
If yes, name country.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 20  
year 1946 hour..... minute..... M.  
21. I hereby certify that I attended the deceased from March 20  
1946 to afternoon of Feb 20, 1946;  
that I last saw him alive on afternoon of Feb 20, 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Brain hemorrhage prematurity perish.  
Due to.....  
Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death) 160

PHYSICIAN  
Major findings:  
Of operations.....  
Of autopsy.....  
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?.....

While at work?..... (Specify type of place)  
(e) Means of injury?.....  
23. Signature James J. Blay (M. D. of MO)  
Address Water Bldg. Date signed 2/21/46

**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.....

*no embalming*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*W. A. Berger*

Licensed Embalmer No.....

*1597*

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.**