

FILED APR 24 1946  
318

14701

State File No. ....

Registrar's No. 3395

Registration District No. ....

Primary Registration District No. ....

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:  
City Hosp.  
(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 Charles W. B. Flottmann

(b) If veteran, name war World War I.

3. (c) Social Security No. 490-01-7648

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased Feb 24 1884  
(Month) (Day) (Year)

8. AGE:  Years 62 Months 1 Days 16 If less than one day hr. min.

9. Birthplace St. Louis Mo. 11  
(City, town, or county) (State or foreign country)

10. Usual occupation Beer Bottler

11. Industry or business Hyde Park Brewery

MOTHER FATHER

12. Name Rudolph Flottmann

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

14. Maiden name Sophie Kempfle

15. Birthplace Columbia Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Flottmann

(b) Address 2847 7770. Av.

17. (a) Burial (b) Date thereof 4-13-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John's Cem.

18. (a) Signature of funeral director W. J. Brewer & Co.

(b) Address 2929 S. Jefferson Av.

19. (a) APR 13 1946 (b) J. J. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 00

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

(d) Street No. 2847 Missouri Av.  
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10  
year 1946 hour 5 minute 20 p. 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.

Immediate cause of death.....

Due to Cerebral Apoplexy

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) 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 B

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

Address..... Date signed.....

**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 H. M. Davis

Licensed Embalmer No. 3241

P. O. Address 2929 So Jefferson 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.**