

National Office of Vital Statistics  
778286  
**FILED 1947**

State File No. ....

Registration District No. .... **318**

Primary Registration District No. .... **1003**

Registrar's No. .... **8080**

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:  
**St. Louis City Hospital-Max C. Starkloff**  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**

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

(d) Street No. .... **3221 N. Taylor**  
**Memorial**  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME..... **JAMES FLACK**

3. (b) If veteran, name war.....

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

4. Sex..... **M** 5. Color or race..... **W**

6. (a) Single, widowed, married, divorced..... **M**

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

6. (c) Age of husband or wife if alive..... **68** years

7. Birth date of deceased..... **Oct. 10 1870**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>76</b>	<b>10</b>	<b>14</b>	

9. Birthplace..... **Stanley, Indiana**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Machineist**

11. Industry or business..... **Retired**

12. Name..... **Simon Flack**

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

14. Maiden name..... **Anna Nicholson**

15. Birthplace..... **Indiana**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mr. Elmer Flack**

(b) Address..... **3221 N. Taylor**

17. (a) Burial, cremation, or removal..... **Burial**

(b) Date thereof..... **Aug 27 1947**  
(Month) (Day) (Year)

(c) Place: burial or cremation..... **Park Lawn**

18. (a) Signature of funeral director..... **Provest Ind Co**

(b) Address..... **3710 N. Grand Blvd**

19. (a) Date received local registrar..... **AUG 26 1947**

(b) Registrar's signature..... **J. J. Bruce**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Aug.** day..... **24th**  
year..... **1947** hour..... **10:00** minute..... **P** M.

21. I hereby certify that I attended the deceased from..... **8/8/47**  
....., 19....., to..... **Aug. 24th**....., 19.....  
that I last saw him alive on..... **Aug. 24th**....., 19.....  
and that death occurred on the date and hour stated above.

Impression of death..... **Aspiration pneumonia**

Due to..... **Aspiration pneumonia, acute**

Due to..... **Aspiration pneumonia, acute**

Other conditions..... **Aspiration pneumonia, acute**

Major findings..... **Aspiration pneumonia, acute**

Of autopsy..... **Aspiration pneumonia, acute**

PHYSICIAN.....

Underline the cause of 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..... **Paul F. ... M.D.**

Address..... **1515 Lafayette**

Date signed..... **8/25/47**

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

MOTHER FATHER

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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.....

*W. C. Morris*

Licensed Embalmer No. 3360

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.