No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 28 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39646

Registrar's No. 10648

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 1929 - Sidney St. 1
(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 DEACESED:
(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1929 a Sidney St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward M Flachmeier
3. (b) If veteran, name war no
3. (c) Social Security No. 488-09-9276
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Clara Flachmeier
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Oct. 2. 1887 (Month) (Day) (Year)

8. AGE: Years 60 Months 1 Days 15 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Platform Manager.
11. Industry or business Merchants Ice & Coal
MOTHER FATHER
12. Name Edward Flachmeier
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
14. Maiden name Anna M. Hof.
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Clara Flachmeier
(b) Address 1929 a Sidney St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation N. St. Marcus Cem.
18. (a) Signature of funeral director Witt Bros Co
(b) Address 2929 S. Jefferson Ave
19. (a) NOV 19 1947 (Date received local registrar) (b) J. F. Beelick (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 17 year 1947 hour 11 minute 15 A. M.
21. I hereby certify that I attended the deceased from June 5 1947, to Nov. 17 1947, that I last saw him alive on Nov. 17 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 Edwin J. Witt (M. D. or other)
Address 3805 Ro Blvd Date signed 11-19-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

3805 ½ S. Broadway

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.....

Licensed Embalmer No. 3744

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.