

FILED JAN 9 1948 **318**

1003

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Alexian Bros. 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 **John Flanders**

3. (b) If veteran, name war..... **No.** 3. (c) Social Security No.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married divorced **Married**

6. (b) Name of husband or wife **Anna Flanders** 6. (c) Age of husband or wife if alive **41** years

7. Birth date of deceased **Nov. 14th. 1904**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 **1** **10** hr. min.

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

10. Usual occupation **Meat Cutter**

11. Industry or business.....

12. Name **Stevens Flanders**

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

14. Maiden name **Margaret Flanders**

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

16. (a) Informant **Anna Flanders**

(b) Address **221 E. Velma Avenue**

17. (a) **BURIAL** (b) Date thereof **12/29/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Pk**

18. (a) Signature of funeral director **Fendler Undertaking**

(b) Address **7420 Michigan Ave**

19. (a) **DEC 26 1947** (b) **J. F. Braden**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Lemay**
(If outside city or town limits, write "RURAL")
(d) Street No. **221 E. Velma Avenue**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **24** year **1947** hour **9** minute **15** 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.....
Coronary Occlusion
Coronary Sclerosis
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)

23. Signature **Alfred Perry** (M. D. or other) **2**
Address **1215 1/2** Date signed **12/24/47**

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

MOTHER FATHER

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: *V E 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.