S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2512

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 1674

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 St. Louis City Hospital
(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 DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 13
(If outside city or town limits, write "RURAL")
(d) Street No. 1316 January Ave. 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 3
If yes, name country

3. (a) PRINT FULL NAME Ida Grace Flickinger
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Adam Flickinger
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 4 (Day) 1862 (Year)

8. AGE: Years 86 | Months 0 | Days 27 | If less than one day hr. min.
9. Birthplace Mascoutah (City, town, or county) Illinois (State or foreign country)
10. Usual occupation At Home (Blind)
11. Industry or business
FATHER 12. Name Frederick August Heller
13. Birthplace Virginia (City, town, or country) (State or foreign country)
MOTHER 14. Maiden name Elizabeth Leibrock
15. Birthplace Mascoutah (City, town, or country) Illinois (State or foreign country)
16. (a) Informant Alice Ida Flickinger
(b) Address 1316 January Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Marcus
18. (a) Signature of funeral director Mittelberg Fun. Home
(b) Address Webster, Mo.
19. (a) FEB 2 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 31 year 1948 hour 9 minute 10 P.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Embolism	
Due to Lobar Pneumonia	
Due to	
Other conditions (Include pregnancy within 3 months of death) 108	
Major findings: Of operations	
Of autopsy	

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 3
23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed 2/1/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 Henry M. Bramner

Licensed Embalmer No. 4200

P. O. Address St. Louis

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.