p. 2
/47
7-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 10 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

3480

State File No. 0

Registration District No. 3407

Primary Registration District No. 6076

Registrar's No. 30

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Johns
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8824 Windom Ave.
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town St. Johns 0
(If outside city or town limits, write "RURAL")
(d) Street No. 8824 Windom Ave. 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Wilhelmina Flottmann
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Henry Flottmann
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased January (Month) 22 (Day) 1871 (Year)

8. AGE: Years 76 | Months 11 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace Franklin Co. (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business .....
FATHER
12. Name William Kraemer 4
13. Birthplace ..... (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Henrietta Flottmann 9
15. Birthplace ..... (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Frank Flottmann 1
(b) Address 8824 Windom Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) 1-3-48 (Date received local registrar) (b) Cecil E. Sharp (Registrar's signature) MO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4
year 1948 hour 10 minute 12 A.M.
21. I hereby certify that I attended the deceased from Dec 3 1947 to Jan 4 1948
that I last saw h. R alive on Jan 4 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Heart Disease	4 yrs
Due to: Senile dementia 93d	8 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

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) 0
While at work? ..... (e) Means of injury .....
23. Signature Maurice A. Dreher M.D. or other M.D.
Address 8924 St. Charles Rd. St Louis 14, Mo Date signed Jan 5, 1948

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 J. Allen Davis Jr.

Licensed Embalmer No. 4053

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.