

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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 _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME

MARY FLAKE

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife William Flake 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 31, 1882
(Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry Hafkemeyer
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Sieve
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Alice Hauser

(b) Address 2523 W Hebert St.

17. (a) Burial (b) Date thereof 6/5/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) JUN 4 1948
(Date received local registrar)

J. F. Buesch
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town 2611 Hebert St
(If outside city or town limits, write "RURAL")
(d) Street No. Memorial (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd
year 1948 hour 1 minute 02 P M.

21. I hereby certify that I attended the deceased from June 2nd 1948
to June 2nd 1948
that I last saw her er alive on June 2nd 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration hours
Pulmonary embolism hours
Due to Coronary arteriosclerosis years

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: PH
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to 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?

While at work? John W. Murphy Jr. M.D. (Specify type of place) (c) Means of injury

23. Signature John W. Murphy Jr. M.D. (M.D. or other)
Address 1515 Lafayette Date signed 6/2/48

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

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 *Penelope Hoffman*

Licensed Embalmer No *4366*

P. O. Address: *Wrens, Md*

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.