

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.....
3511 Sidney Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
78 years
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Mr. Arthur B. Flammger

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife..... Emma C. Flammger 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... December 28, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 7 16 hr. min.

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

10. Usual occupation..... Treasurer

11. Industry or business..... Flammger & Grahl Blank Book Co.

12. Name..... Fred Flammger

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

14. Maiden name..... Mary Pariso

15. Birthplace..... St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mr. Fred W. Flammger

(b) Address..... 3511 Sidney St.

17. (a) Burial (b) Date thereof..... Aug. 16, '48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Old SS. Peter & Paul

18. (a) Signature of funeral director..... Reiderwieden F. H. Inc.

(b) Address..... 1936 St. Louis Avenue

19. (a) AUG 17 1948 (b) J. H. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No..... 3511 Sidney
(If rural, give location)
(e) Citizen of foreign country?..... No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... August day..... 13
year..... 1948 hour..... 6 minute..... 30 P..... M.

21. I hereby certify that I attended the deceased from..... 11/21/47 to..... Aug 13 1948
that I last saw him alive on..... Aug 12 1948
and that death occurred on the date and hour stated above.

Immediate cause of death..... Chronic Myocarditis
Chronic Nephritis
Arteriosclerosis
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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..... (Specify means of injury)

23. Signature..... Chas. H. Jones (M. D. or other)
Address..... 3012 Lafayette Date signed..... 8/14/48

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

8022

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. _____

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.