

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21019

FILED JUL 15 1949

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003² Registrar's No. 5822

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4836a Farlin Ave.		d. STREET ADDRESS (If rural, give location) 4836a Farlin Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) C. c. (Last) FLASKERED			4. DATE OF DEATH (Month) (Day) (Year) July 3, 1949.		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 21, 1879.	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 5 Days 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Pattern Maker		10b. KIND OF BUSINESS OR INDUSTRY Pattern		11. BIRTHPLACE (State or foreign country) Iowa	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Oley Flaskered		13b. MOTHER'S MAIDEN NAME Christine (Unknown)		14. NAME OF HUSBAND OR WIFE Clara Flaskered	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Clara Flaskered 4836a Farlin Ave.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerotic Cordis Vasculor diox. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 6 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Thrombosis & embolism						15 mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 930	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H 221	

22. I hereby certify that I attended the deceased from **4/18**, 19**48**, to **7/3**, 19**49**, that I last saw the deceased alive on **7/3**, 19**49**, and that death occurred at **5:00 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE D. C. Lindeman M.D.		(Degree or title)		23b. ADDRESS 4126 S. Shreve Ave		23c. DATE SIGNED 7/5/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/5/49		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Minneapolis, Minnesota.	

DATE REC'D BY LOCAL REG. JUL 5 1949		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Pentz, 4828 Natural Bridge Blvd.	
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(Licensed Embalmer's Statement on Reverse Side)

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

12. 3:30 P.M.

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed John A. Mlinar

Signed _____
Student Embalmer

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo

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.