

FILED JUL 15 1949  
#72688

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
318

State File No. 21023  
Registrar's No. 5940

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri.

c. LENGTH OF STAY (in this place) \_\_\_\_\_

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis City Hospital #1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY \_\_\_\_\_

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis

d. STREET ADDRESS (If rural, give location) 27- 2822 Indiana

3. NAME OF DECEASED (Type or Print)  
a. (First) ELWOOD b. (Middle) \_\_\_\_\_ c. (Last) FLINT

4. DATE OF DEATH (Month) (Day) (Year)  
July 6th, 1949

5. SEX M O W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED

8. DATE OF BIRTH Aug. 11, 1889

9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.)  
59

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) ST. Louis, Mo. O

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME HENRY FLINT

13b. MOTHER'S MAIDEN NAME Mary Williams

14. NAME OF HUSBAND OR WIFE Margaret Flint

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 490-05-2499

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Alving Winkler 2822 Indiana

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinoma Esophagus, Squamous

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
5 months

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY?  
YES  NO

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)  
Ho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?  
150X

22. I hereby certify that I attended the deceased from 4/28/49, 1949, to 7/6/49, 1949, that I last saw the deceased alive on 7/6/49, 1949, and that death occurred at 1:35am m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. F. Huch, M.D.

23b. ADDRESS 1515 Lafayette Ave.,

23c. DATE SIGNED 7/6/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24c. NAME OF CEMETERY OR CREMATORY Valhalla Cem.

24d. LOCATION (City, town, or county) (State) ST. Louis, County Mo.

DATE REC'D BY LOCAL REG. JUL 9 1949

REGISTRAR'S SIGNATURE J. B. Pasater

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Will Bros & Co 2729 S. Jefferson

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

*Witt*

**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.

Student .....  
Student Embalmer

Signed *Harold C. Witt*

Licensed Embalmer No. *4353*

P. O. Address *2929 S. Jefferson*

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.