No. 300
10-48

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39225

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2684

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (in this place): 3days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: [illegible]
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 6 1482 Union Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): V
c. (Last): FLATBUSH

4. DATE OF DEATH (Month) (Day) (Year): Nov. 6 1950

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 1 1903
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cement Finisher
10b. KIND OF BUSINESS OR INDUSTRY: Scally waterproof.
11. BIRTHPLACE (State or foreign country): St. Louis
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Hardy Flatbush
13b. MOTHER'S MAIDEN NAME: Cora Hurley
14. NAME OF HUSBAND OR WIFE: Jean Flatbush

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 489-16-6641
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Jean Flatbush, 1482 Union Blvd.

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Atelectasis of left lung — INTERVAL BETWEEN ONSET AND DEATH: 3days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Herniation of stomach, spleen, colon + jejunum — 3days
DUE TO (c): Traumatic Laceration left leaf of diaphragm — 3days

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Pulmonary tbc, rt lung, inactive — 14 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 8194
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Public Hy.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Florissant St. Louis Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 3 1950 1 30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Passenger in auto that struck bridge abutment 8194 32

22. *I hereby certify that I attended the deceased from* Nov. 3, 1950, *to* Nov. 6, 1950, *that I last saw the deceased alive on* Nov. 6, 1950, *and that death occurred at* 9 30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles M. Ledere, MDO
23b. ADDRESS: 601 S. Brentwood - Clayton 5, Mo.
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 11/9/50
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

DATE REC'D BY LOCAL REG.: 11-7-50
REGISTRAR'S SIGNATURE: HR Domke MD/mb
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Drehmann-Harral, 1905 Union Blvd.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 .....

working under my personal supervision.

Student Embalmer No. .....

Signed Albert R. Thompson

Signed .....
Student Embalmer

Licensed Embalmer No. 4237

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.