

FILED SEP 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27459

BIRTH NO. _____		REG. DIST. NO. <u>162</u>		PRIMARY REG. DIST. NO. <u>5595</u>		Registrar's No. <u>66</u>			
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u> <u>0500</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Rock Township</u>		c. LENGTH OF STAY (in this place) <u>40 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock Township</u> <u>0500</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		3. NAME OF DECEASED a. (First) <u>JOHN</u> b. (Middle) <u>FRED</u> c. (Last) <u>FLAMM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 23 1951</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 14 1877</u>			
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		9. AGE (If under 1 year) Months <u>7</u> Days <u>9</u> Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Arnold Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Louis Flamm</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Kloes</u>		14. NAME OF HUSBAND OR WIFE <u>Widowed</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs William Mall</u>		ADDRESS <u>Kimmswick Mo.</u>			
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Angina</u>				II. OTHER SIGNIFICANT CONDITIONS <u>Arteriosclerosis</u>				4202	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) <u>Kimmswick Jefferson Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>1948</u> , to <u>Aug 23, 1951</u> , that I last saw the deceased alive on <u>Aug 23, 1951</u> , and that death occurred at <u>6:14</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>Kimmswick Mo</u>		23c. DATE SIGNED <u>8/25/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 26 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Beck Lutheran</u>		24d. LOCATION (City, town, or county) (State) <u>Beck Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9/1/51</u>		REGISTRAR'S SIGNATURE <u>Ruth Jena 438</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heiligtag Funeral Home</u>		ADDRESS <u>Kimmswick Mo.</u>			

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED 9/5/51

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

Elmer Heilig

Licensed Embalmer No. 3571

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.