FILED FEB 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5516

State File No.

BIRTH NO. REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ROCK TOWNSHIP
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): NEAR IMPERIAL MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: JEFFERSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL ROCK TOWNSHIP
d. STREET ADDRESS (If rural, give location): NEAR IMPERIAL MO

0500

3. NAME OF DECEASED (Type or Print): a. (First) EDWIN b. (Middle) FLAMM c. (Last)

4. DATE OF DEATH (Month) FEB (Day) 7 (Year) 1952

5. SEX: M **6. COLOR OR RACE:** W **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED **8. DATE OF BIRTH:** JAN 29 1906 **9. AGE** (In years last birthday): 46 If under 1 year: Months 0 Days 12 If under 1 day: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WELL DRILLING
10b. KIND OF BUSINESS OR INDUSTRY: WELL DRILLING
11. BIRTHPLACE (State or foreign country): KIMMSWICK MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: JOHN FLAMM.
13b. MOTHER'S MAIDEN NAME: OTILDIE HAEFNER
14. NAME OF HUSBAND OR WIFE: FELICITAS FLAMM

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.: 487-30-6263
17. INFORMANT'S SIGNATURE OR NAME: MRS EDWIN FLAMM ADDRESS KIMMSWICK MO

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) Open Verdict - Deceased — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Came to his Death By Drowning. no Marks of

DUE TO (c) Any Kind on the Body!

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

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: E9290-22
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): OPEN VERDICT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): NEAR HOME
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): NEAR IMPERIAL ROCK TOWNSHIP JEFFERSON MO

0500

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): FEB-7-1952 4:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? DECEASED WAS FOUND IN CREEK.

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jas J. Long Coroner
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: FEB 10 1952
24c. NAME OF CEMETERY OR CREMATORY: ST JOHNS LUTHERAN
24d. LOCATION (City, town, or county) (State): BECK MO

DATE REC'D BY LOCAL REG. 2/16/52
REGISTRAR'S SIGNATURE: Ruth Jirsa 438
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: HEILIGTAG FUNERAL HOME KIMMSWICK MO

(Licensed Embalmer's Statement on Reverse Side).

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

No. 300
10.48

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED FEB 19 1952

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 H. Leistag

Licensed Embalmer No. 3571

P. O. Address Kimmswick 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.