

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40190

State File No.

FILED DEC 12 1952

Registrar's No. 10914

BIRTH NO. 79597 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DeSoto 0500	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bethesda General Hosp.		d. STREET ADDRESS (If rural, give location) Rural Route # 2	

3. NAME OF DECEASED (Type or Print) a. (First) Norman b. (Middle) Ray c. (Last) Flatbusch			4. DATE OF DEATH (Month) (Day) (Year) 11-26-1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH 11-23-1952		9. AGE (In years last birthday) 3		IF UNDER 1 YEAR Months 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME Wm. Edw. Flatbusch		13b. MOTHER'S MAIDEN NAME Mary Viola Gruwell		14. NAME OF HUSBAND OR WIFE	
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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 Wm. Edw. Flatbusch	
				ADDRESS above	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningitis		DUE TO (b) Encephalocoele			2 day
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			3 days
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			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 751X	
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22. I hereby certify that I attended the deceased from 11-23-1952 to 11-26-1952, that I last saw the deceased alive on 11-26-1952, and that death occurred at 11:40 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ernest Younger, M.D.		23b. ADDRESS 3624 Russell		23c. DATE SIGNED 11-27-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-1-52		24c. NAME OF CEMETERY OR CREMATORY LAUREL HILL	
				24d. LOCATION (City, town, or county) (State) ST. LOUIS CO., Mo.	

DATE REC'D BY LOCAL REG. NOV 28 1952		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE See Mathushoff DeSoto, Mo.	
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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.....
Student Embalmer

Signed Andrew H. England

Licensed Embalmer No. 4745

P. O. Address W. Sato 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.