

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 22 1956

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2186

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>Lifetime</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>8 8516 Oxford Lane (21) 20870</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>WALTER</b> b. (Middle) <b>H.</b> c. (Last) <b>FLAYER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 29, 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 27, 1911</b>
9. AGE (In years last birthday) <b>44</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bus Driver</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>St. Louis Public S.</b>	11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> <b>St. Louis, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Walter J. Flayer</b>	
13b. MOTHER'S MAIDEN NAME <b>Katherine Babo</b>		14. NAME OF HUSBAND OR WIFE <b>Eleanor Flayer</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>489-05-6853</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Eleanor Flayer</b>		ADDRESS <b>8516 Oxford Lane</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Atherosclerosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Bronchitis</b> DUE TO (c) <b>Arterial Sclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>420.1</b>	
19a. DATE OF OPERATION <b>X</b>		19b. MAJOR FINDINGS OF OPERATION <b>None</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>X</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>June</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>X</b>		21e. HOW DID INJURY OCCUR <b>None</b>	
22. I hereby certify that I attended the deceased from <b>Feb. 27, 1956</b> , to <b>Feb. 29, 1956</b> , that I last saw the deceased alive on <b>Feb. 29, 1956</b> and that death occurred at <b>Home</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Scott Haver M.D.</b>		23b. ADDRESS <b>634 W. GRAND BLVD</b>	
23c. DATE SIGNED <b>2-1-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3-2-56</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Bethlehem Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County MO</b>	
DATE REC'D BY LOCAL REG. <b>MAR 1 1956</b>		REGISTRAR'S SIGNATURE <b>Carly Smith M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>SUEDMEYER &amp; SON'S</b>		ADDRESS <b>3934 N. 20th Street</b>	

(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 ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Gustav W Dietel*  
.....

Licensed Embalmer No. *43*

P. O. Address *St. Louis,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.