

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUL 11 1957

STANDARD CERTIFICATE OF DEATH

224499
 STATE FILE NUMBER 6046

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

| | | | | | |
|--|-------------------------------|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital | | Length of stay in lb | d. STREET ADDRESS (If outside, give location) 355 N. Boyle | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Frank Middle Erbin Last Flanders | | | 4. DATE OF DEATH Month June Day 28 Year 1957 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Nov. 21, 1884 | 9. AGE (In years last birthday) 72 IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner | | 10b. KIND OF BUSINESS OR INDUSTRY Boiler Sales & Repair | | 11. BIRTHPLACE (City and state or country) North Towanda, N.Y. | |
| 13. FATHER'S NAME Frank Erbin Flanders Sr. | | | 14. MOTHER'S MAIDEN NAME Dora Blackburn | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 496-12-8949 | | 17. INFORMANT Address LoRena Flanders, 355 N. Boyle Ave. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of Urinary Bladder | | | | | INTERVAL BETWEEN ONSET AND DEATH about 2 yrs |
| Conditions, if any, which gave rise to above cause (a), leading to the underlying cause listed. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____ | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____ | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 1:00 am to 4/28/57 and last saw ^{him} alive on 6/28/57 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) L. M. Cronberg, M.D. | | | 22b. ADDRESS 4652 Maryland, St. Louis, Mo. | | 22c. DATE SIGNED 6/28/57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | | 23b. DATE 7-1-57 | 23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory | | 23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. |
| 24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington Blvd. | | | 25. DATE RECD. BY LOCAL REG. JUN 28 57 | 26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. | |

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x

St. Louis

x

St. Louis

352 N. Boyle

Lutheran Hospital

June 28, 1957

Flanders

Frank

Frank

75

Nov. 21, 1981

x

White

Male

H.S.

Boiler Sales & Repair North Towanda, N.Y.

Owner

Dora Bickburn

Frank Edwin Flanders Sr.

352 N. Boyle Ave. Flanders, Mo.

1957-12-28

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by Student Embalmer No. working under my personal supervision..

Student..... Signature of Student Embalmer

Signed *G. W. Wilkins*

Licensed Embalmer No.

P. O. Address *M. L...*

ms 00:1

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.

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7-1-57

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Albert E. Wood, 1700 Washington Blvd.