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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-021477
STATE FILE NUMBER

FILED JUL 7 1958 Registration District No. 165-116 Primary Registration District No. 5934 Registrar's No. 185

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. John's — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Washington Rt 2 — Length of stay in Ib: 3yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Franklin
c. CITY OR TOWN: Washington — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): RR2, Box 219 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Wesley Middle: H. Last: Flagg

4. DATE OF DEATH: Month: June Day: 27 Year: 1958

5. SEX: Male **6. COLOR OR RACE**: White **7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Dec. 25, 1911 **9. AGE** (If years, last birthday): 46 IF UNDER 1 YEAR: Months: 6 Days: 2 IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Meat cutter **10b. KIND OF BUSINESS OR INDUSTRY**: Retail Market **11. BIRTHPLACE** (City and state or country): St. Louis, Mo. **12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

13a. FATHER'S NAME: Irving E. Flagg **13b. MOTHER'S MAIDEN NAME**: Lillian Hanson **14. NAME OF HUSBAND OR WIFE**: Ruth W. Flagg

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.**: 494-10-3734 **17. INFORMANT**: Ruth W. Flagg, RR2 Box 219 Washington, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Generalized carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 1yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma, prostate
DUE TO (c): 177X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): none

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour: a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ **NOT WHILE AT WORK** ☐
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 Feb 10 58 to 27 June 58 and last saw ~~him~~ him alive on 26 June 58
Death occurred at 10.30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. J. Boggs, MD **22b. ADDRESS**: Washington, Mo **22c. DATE SIGNED**: 28 June 58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: June 30, 1958 **23c. NAME OF CEMETERY OR CREMATORY**: Belefontaine Cemetery **23d. LOCATION** (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR: Math Hermann & Son **ADDRESS**: Fair & W. Florissant St. Louis Mo **25. DATE REC'D BY LOCAL REG.**: 6/28/58 **26. REGISTRAR'S SIGNATURE**: F. C. Hedmann C. F. Hedmann

(Legal Effect of Embalming — Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JUL 9 1958

JUL 8 1958

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 Clement McGuay

Licensed Embalmer No. 3732

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.