MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032449
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8446

FILED SEP 10 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED 9- ; INSTEAD OF ; SHOULD READ ; ITEM NO. ; BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Mo. — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 6432 Marquette — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 6432 Marquette — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Thomas Middle W. Flack Last Sr.
4. DATE OF DEATH: Month Aug. Day 28, Year 1962
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Sept. 13, 1908
9. AGE (last birthday): 53 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. 2 yrs. Repairman
10b. KIND OF BUSINESS OR INDUSTRY: Bell Tele Co.
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Wm. Flack
13b. MOTHER'S MAIDEN NAME: Margaret O'Rourke
14. NAME OF HUSBAND OR WIFE: Jeanette Flack
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: unk
17. INFORMANT: Jeanette Flack Address: St. Louis, Mo. 6432 Marquette,

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): Angina Pectoris — INTERVAL BETWEEN ONSET AND DEATH: 2 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — Unk.
DUE TO (c): Coronary Arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Obesity 4201
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 May 9, 1960, to August 13, 1962 and last saw him alive on Aug. 13, 1962
Death occurred at 525 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.
22b. ADDRESS: 4205 Virginia
22c. DATE SIGNED: 8/29/62

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 8-31-62
23c. NAME OF CEMETERY OR CREMATORY: Parklawn Cem.
23d. LOCATION (City, town, or county) (State): Lemay, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Southern Funeral Home 6322 S. Grand, St. Louis, Mo.
25. DATE RECD. BY LOCAL REG.: AUG 31 1962
26. REGISTRAR'S SIGNATURE: Karl Smith, M.D.

Dr Beckman
4205 Virginia
2 to 5 PM

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 David Van Fossan.

Licensed Embalmer No. 4242.

P. O. Address 6322 So Grand Blvd
St Louis 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.