

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

42678

1. PLACE OF DEATH

County..... Registration District No. **701**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **3620 Meremac A**) St. _____ Ward _____

File No. _____
 Registered No. **11928**
 St. _____ Ward _____

2. FULL NAME

Daniel Flachbart

(a) Residence. No. **3620 Meremac** St. **15** Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **25** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mathilde Flachbart**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **1886 Jan 23**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 10 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Salesman**
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer **Archduke - Simon Han**

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Lorsely Ill**

10. NAME OF FATHER **Berman Flachbart**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Berman**

12. MAIDEN NAME OF MOTHER **Louise Steinman**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Berman**

14. INFORMANT (Address) **Mathilde Flachbart 3620 Meremac St.**

15. FILED **10-8-1928** **W. C. Starkey** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec 5th 1928**

17. I HEREBY CERTIFY That I attended deceased from **Jan 1st 1928** to **Dec 5th 1928**
 that I last saw him/her alive on **Dec 4th 1928**, and that death occurred, on the date stated above, at **5 A.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Osteosarcoma Primary in the right Ilium

(duration) yrs. **6** mos. **5** ds.

CONTRIBUTORY (SECONDARY) **General Sarcomatosis**
 (duration) yrs. **2** mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH. _____

3 DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **17th 9 1928**

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Microscopic Exam**
 (Signed) **H. K. Kupper**, M. D.

1737, 1928 (Address) **3860 S. Broadway**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Our Redeemer** DATE OF BURIAL **Dec 8 1928**

20. UNDERTAKER **Thos A. Berdmann** ADDRESS **1936 St. Louis**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Louis Registration District No. 791 File No. 4 2678
 Township St. Louis Primary Registration District No. 1003 Registered No. 11957
 City St. Louis (No.) St. Ward)

2. FULL NAME

Daniel Starksbart
 (a) Residence. No. St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

10. NAME OF FATHER
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address)

15. FILED FEB 1 1919 Mar B Starsoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 5 - 1918
 17. I HEREBY CERTIFY, That I attended deceased from 19....., 19....., and that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Osteosarcoma Primary in the right femur

CONTRIBUTORY (SECONDARY) General Sarcomatosis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. 45
 DID AN OPERATION PRECEDE DEATH? DATE OF.....
 WAS THERE AN AUTOPSY?.....
 WHAT TEST CONFIRMED DIAGNOSIS?.....
 (Signed)....., M. D. , 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL 19

20. UNDERTAKER ADDRESS

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

82924-5