

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

Do not use this space.

40551

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

44 JAN 22 1930

1. PLACE OF DEATH
 County St. Louis Registration District No. 784
 Township St. Ferdinand Primary Registration District No. 6030
 City Creve Coeur (No. 8729 Jennings Road) St. _____ Ward _____

2. FULL NAME Rudolph F. Flottmann
 (a) Residence No. 8729 Jennings Rd. 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 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 Cecelia Flottmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 14-1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 1 25

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Frank Flottmann

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

12. MAIDEN NAME OF MOTHER Sophie Hengelberg

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

14. INFORMANT Mrs. Cecelia Flottmann
 (Address) 8729 Jennings Road

15. FILED 12/20 1930 Dr. Carl J. Roach
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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 16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 9 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 25 1930 to Dec 9 1930 and that I last saw him alive on Dec 9 1930 and that death occurred, on the date stated above, at 9:30 a.m.

181 THE CAUSE OF DEATH* WAS AS FOLLOWS:
93c Myocarditis chronic.
 (duration) 1 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Myocarditis chronic
 (duration) 1 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED 129 W
 IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Microsc + Lab.
 (Signed) J. D. Burke M. D.
12/10 1930 (Address) 2503 10th St.

*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 Crematory DATE OF BURIAL 12-12 1930

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Wash St

250572 15'

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