WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

791
2003

Do not use this space.

6428

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1467

City St. Louis Mo. (No. Lutheran Hospital St. ..... Ward)

2. FULL NAME Henry Flair

(a) Residence, No. 2930 Salena St., 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27th, 1852

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
79	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 10 Years

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer Stationary

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 2

FATHER

13. NAME Bernard Flair

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Dr E. H. Mayer 3606 Gravois

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Matthews DATE Feb 15, 1932

19. UNDERTAKER (ADDRESS) Wackes Helderle 2331 So Broadway

20. FILED FEB 15 1932 19 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1932, to Feb 13, 1932

I last saw him alive on 2 — 13 — 1932 Death is said to have occurred on the date stated above, at 12 40 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocardial Insufficiency
Chronic Nephritis

Date of onset

Other contributory causes of importance:

131
93D

131

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 1

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Victor F. Klopper M.D., M. D.

(Address) 3803 So. Broadway