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

Do not use this space.

17559

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 4472

Township ..... Primary Registration District No. 4003 Registered No. .....

City St Louis (No. 2929 Henrietta St ..... St. ..... Ward)

2. FULL NAME George R. Flach.

(a) Residence, No. 2929 Henrietta St., 17 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mch 31-1855

7. AGE: YEARS 77 | MONTHS 1 | DAYS 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St Joe Lead Co.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.

FATHER

13. NAME Burton Flach.

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

MOTHER

15. MAIDEN NAME Katherine Halter.

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

17. INFORMANT (ADDRESS) Miss L. H. Bottcher. Hamilton Hotel.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St Marcus Cem DATE May 9 1932

19. UNDERTAKER (ADDRESS) Petty Bros. 3029 Lafayette Av

20. FILED MAY -7 1932 Max C Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 26th 1931, to May 6, 1932

I last saw him alive on May 2nd, 1932. Death is said to have occurred on the date stated above, at 2-a m.

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

	Date of onset
Myocarditis Chronic	
RC	
97	930

Other contributory causes of importance: arteriosclerosis

Name of operation none Date of ✓

What test confirmed diagnosis clinical Was there an autopsy? no

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 ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) E. H. Baker, M. D.

(Address) 3353 Nebraska Ave. Bonne

Dr Baker

2901 [illegible]