

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

Do not use this space.

25139

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City Lewis (No. St. Paul Hospital)

File No.....
Registered No. **6562**
St. Ward)

2. FULL NAME

(a) Residence, No. 3808 S. Sullivan Co. Ward. 10
(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 <u>Male</u>	4. COLOR OF RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>May Flaig</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 13 - 1882</u>		
7. AGE YEARS <u>50</u>	MONTHS <u>11</u>	DAYS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Dept. assessor</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>City of Lewis</u>		
10. Date deceased last worked at this occupation (month and year).....		
11. Total time (years) spent in this occupation.....		

12. BIRTHPLACE (CITY OR TOWN) Lewis
(STATE OR COUNTRY) Mo

13. NAME Joseph P. Flaig

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

15. MAIDEN NAME Laura Patzsch

16. BIRTHPLACE (CITY OR TOWN) Lewis
(STATE OR COUNTRY) Mo

17. INFORMANT Mrs May Flaig
(ADDRESS) 3808 S. Sullivan

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Montaine DATE July 31 1933

19. UNDERTAKER A. Brown & Co.
(ADDRESS) 2707 N. Grand

20. FILED 28 1933
J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28th 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9th 1933 to July 10th 1933

I last saw him alive on July 28th 1933 Death is said to have occurred on the date stated above, at 5:59 p.m.

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

Sanguine rt/pt
58
98
51
Other contributory causes of importance:
Heritable melleus
3 yrs

Name of operation..... Date of.....
What test confirmed diagnosis? Lab 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?
If so, specify.....
(Signed) Arthur Anderson M. D.
(Address) 2101 University St

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.

AUG 20 1933

