

AUG 9

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

Do not use this space.

24392

## 1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City Rthaus (No. Wethusta Hospital) St. .... Ward) .....

File No. ....  
Registered No. **5763** St. .... Ward) .....

## 2. FULL NAME

(a) Residence, No. .... St. NR Ward. Rimsurick  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 12 - 1930</u>		
7. AGE	YEARS	MONTHS
	<u>5</u>	<u>5</u>
		DAYS
		<u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
<u>at home</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rthaus Mo</u>		
FATHER	13. NAME <u>Edwin Flamm</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenbrook Mo</u>	
MOTHER	15. MAIDEN NAME <u>Felicitas Roy</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
17. INFORMANT <u>Edwin Flamm</u> (ADDRESS) <u>Rimsurick</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rimsurick Mo</u> DATE <u>7-4</u> 19 <u>35</u>		
19. UNDERTAKER <u>Fred Heiligtag</u> (ADDRESS) <u>Rimsurick Mo</u>		
20. FILED <u>-5</u> 19 <u>35</u> 19 <u>J.P. Bredeck</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-4-35 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-23 1935 to 7-4-35 1935.  
I last saw her alive on 7-4-35 1935. Death is said to have occurred on the date stated above, at 2:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Ac. entero-colic  
(non-specific) cause  
unknown

Date of onset: 1/20/35

Other contributory causes of importance:  
acute pyelitis  
non calculous

Name of operation none Date of clinical  
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? no  
If so, specify .....

(Signed) W.D.R. Coy M. D.  
(Address) 17660 Maryland

WHILE FILLING IN, 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.

