

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

Do not use this space.

37261

DEC 20 1935

1. PLACE OF DEATH

County St. Louis Registration District No. _____
Township _____ Primary Registration District No. _____
City Clayton (No. St. Louis County Hosp.) St. _____ Ward _____

File No. _____
Registered No. 332

2. FULL NAME

Zachariah Flomerfelt
(a) Residence, No. Berry P.O. & Birch St. and Gladale Mo. 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna J. Flomerfelt.</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 14 - 1868</u>			
7. AGE	YEARS <u>71</u>	MONTHS <u>6</u>	DAYS <u>6</u>
		IF LESS THAN 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Butter & Eggs</u>		
	10. Date deceased last worked at this occupation (month and year) <u>1934</u>		
		11. Total time (years) spent in this occupation _____	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
FATHER	13. NAME <u>Zachariah Flomerfelt</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	15. MAIDEN NAME <u>Elizabeth Terribery</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>

17. INFORMANT (ADDRESS) <u>Grace Wedding 1309 9th Commercial Mo. St. Clayton Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Paul's Churchyard</u> DATE <u>Nov. 22 1935</u>
19. UNDERTAKER (ADDRESS) <u>Jessie Smith Funeral Home 756 Manchester Mo. Clayton Mo.</u>
20. FILED <u>11/21 1935</u> <u>Dr. A. J. Squarles</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/20 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/17 35, 1935, to 11/20, 1935.
I last saw him alive on 11/20/35, 19____. Death is said to have occurred on the date stated above, at 1:00 P. m.
The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia (Bilateral)
Lobar
51

Other contributory causes of importance:
Hypertension (pt)
Atherosclerosis (Aneur)

Name of operation None Date of None
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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.
None

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Wm E. Moore, M. D.
(Address) St. Louis County Hosp. Clayton, Mo.

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.

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

