

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32285

Do not use this space.

8339

1. PLACE OF DEATH -

Homer G Phillips Hospital

791

(a) County

Registration District No.

1003

(b) Township

Primary Registration District No.

Registered No.

(c) City St. Louis

(d) Street No. 2601

N Whittier

St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 30 yrs. mos. ds.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Edward Flakes

(a) Residence, No.

1320 Glasgow

St.

27

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Ella Flakes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 12, 1876

7. AGE

YEARS

61

MONTHS

1

DAYS

17

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Auto cleaner

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

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)

Tennessee

FATHER

13. NAME

Henry Flakes

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

unknown

MOTHER

15. MAIDEN NAME

Eliza Fisher

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

Virginia

17. INFORMANT (ADDRESS)

Evelyn Hilliard

2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Park DATE Sept 4th 1937

19. FUNERAL DIRECTOR (ADDRESS)

A. L. Beal and Co.
2726 Lucas Ave.

20. FILED

SEP 4 1937

J. Bredeck

Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

Aug. 29

1937

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1937 to Aug. 29, 1937.

I last saw him alive on Aug. 29, 1937. Death is said to have occurred on the date stated above, at 8:10 m. a.m.

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

Hypertrophied prostate (operation)

Date of onset

7/26/37

Other contributory causes of importance:

Degenerative heart disease

Name of operation

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?

If so, specify

(Signed) James B. Stearns, M. D.

(Address) 2601 N Whittier

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.

STATEMENT BY LICENSED EMBALMER

Birdie Beal Anderson

Licensed Embalmer No. *2929*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *Birdie Beal Anderson*

L. E.

No. _____ or by _____

Registered Apprentice No. _____

working under my personal supervision.

Signed

Birdie Beal Anderson

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)