

REC'D MAR 13 1939

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

4585
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No..... 791
(b) Township..... Primary Registration District No..... 1003
(c) or City..... St. Louis (d) Street No..... City Hospital No. 1 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 yrs. mos. ds. (f) How long in U. S.; if of foreign birth? yrs. mos. ds.
D. 15802 430 Allen Flatt

2. PRINT FULL NAME

(a) Residence, No. 2504 North Market 20 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (put in the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21, 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
77 0 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. nil
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

13. NAME Issac Flatt

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 2/9/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Edith E. Ambruster 4234 Manchester

20. FILED FEB 9 1939 J. D. Brubaker Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/6/39 19

22. I HEREBY CERTIFY That I attended deceased from 1/28/39 to 2/6/39

I last saw him alive on 2/6/39 9.10 a.m. Death is said to have occurred on the date stated above, at

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

Hypertensive heart disease

Date of onset

Other contributory causes of importance:

arteriosclerosis

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) CO2 Wick, M. D.

(Address) City Hospital No. 1

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

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Florenz Eynck

Licensed Embalmer No.....

1284

P. O. Address.....

St Louis Mo

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

If this body is not embalmed, above space should be left blank.