REG'D MAY 10 1939

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

13324
Do not use this space.

1. PLACE OF DEATH

(a) County ..... 9 Registration District No. 791 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 3666

(c) City St. Louis, Mo (d) Street No. 4332a Strattmann Place 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.

2. PRINT FULL NAME Wilhelmina Flaskamper,

(a) Residence, No. 4332a Strattmann Place, St. 9

(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: Female

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 2nd, 1856

7. AGE: Years 83 | Months 3 | Days 15 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

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

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): St. Louis, Mo.

FATHER

13. NAME: Herman H. Stahlberg

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

MOTHER

15. MAIDEN NAME: Anna M. Wehrman

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

17. INFORMANT (ADDRESS): Mrs. Laura Tuechek, 4332a Strattman Place

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Johns Cem DATE Apr. 22nd 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Henry Leidner U. Co. 1417 N. Market Street.

20. FILED APR 20 1939 [signature] Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1938, to April 17, 1939

I last saw h.... alive on April 17, 1939. Death is said to have occurred on the date stated above, at 8 15 p.m.

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

| | Date of onset |
|---|---|
| Hypertension | ? |
| Chronic Myocarditis | ? |
| arteriosclerosis | ? |
| Senile Dementia | Jan 2/1937 |

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

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) R. W. Crossman, M. D.

(Address) 4011 B Fair Ave.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, 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.

I X16605

## 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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis av

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

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