

REC'D JUN 12 1939

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

791
1003

17007
Do not use this space.

Registered No. 4541

1. PLACE OF DEATH

- (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St Louis (d) Street No. Alexian Brothers Hospital 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 Herman Flottesesch

- (a) Residence, No. 3622 N 11 Th Str. St. 27 (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 (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7 TH 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 ---- 0 --- 9 ---

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

13. NAME Bernard Flottesesch

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

15. MAIDEN NAME Bernadina Schmidt

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

17. INFORMANT Teresa Flottesesch
 (ADDRESS) 3622 N 11 Th Str.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Calvary Cem. DATE May 19 TH 1939

19. FUNERAL DIRECTOR (NAME) Edward W. Cook
 (ADDRESS) 3516 N 14 Th St

20. FILED MAY 18 1939 J. B. Brubaker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-17-39 19

22. I HEREBY CERTIFY that I attended deceased from October 1 1938 to May 16 1939
 I last saw him alive on May 16 1939 Death is said to have occurred on the date stated above, at 5:10 P.M.
 The principal cause of death and related causes of importance were as follows:

Acute Dilatation of Heart
Cerebral embolism of hemorrhage
accompanying paralysis
Paroxysmal fibrillation
 Other contributory causes of importance:
Cardio-vascular Renal
Disease
Senility

Date of onset 5-16-39
3-30-39
10-1-38
???

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) Bernard H. Flottesesch M.D.
 (Address) 2309 Salisbury Street

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.

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.....

Licensed Embalmer No. 1391

P. O. Address 4106 E. Bateman

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.)

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