

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30859

Registration District No. 14 1339

Primary Registration District No. _____

Registrar's No. 7922

1. PLACE OF DEATH: 1

(a) County St. Louis, Mo.
 (b) City or town St. Louis, Mo.
 (c) Name of hospital or institution: Christian Hospital.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County _____
 (c) City or town 3147a St. Louiser Street, 10
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3147a Whittier St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Infant Flaming, 455
 3. (b) If veteran, name war None 3. (c) Social Security No. None

20. DATE OF DEATH: Month Sept day 13
 year 1939 hour 2 minute 57 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
 -alive_____ years
 7. Birth date of deceased Sept. 13th, 1939
 (Month) (Day) (Year)

Immediate cause of death _____
Placenta previa centralis
still birth

8. AGE: Years _____ Months _____ Days _____ If less than one day _____
Still Born hr. _____ min.

Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

9. Birthplace St. Louis
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 { 12. Name Jacob Flaming,
Kansas
 18. Birthplace _____ (State or foreign country)
 { 14. Maiden name Rita Meyer. (State or foreign country)
St. Louis, Mo.
 15. Birthplace _____ (City, town, or county) (State or foreign country)

Major findings: _____
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Jacob Flaming
 (b) Address 3147a Whittier Street.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) Burial (b) Date thereof Sept. 14th, 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Old Pickers Cem.

18. (a) Signature of funeral director My Laidner M. Co.
 (b) Address 1417 N. Market Street.

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 28. Signature Caroline L. Arnold (M. D. or other) M.D.
 Address 4356 W. name Date signed 9/14/39

19. (a) SEP 14 1939
 (Date received local registrar) (b) _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

FORM 1 1931

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 3223 St. Louis

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.