

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

25142

Do not use this space.

1. PLACE OF DEATH
 (a) County Gasconade Registration District No. 203
 (b) Township Roark Primary Registration District No. 5420 Registered No. _____
 (c) City _____ or _____ (d) Street No. Hermann, Missouri RFD 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 Rosalie Flake
 (a) Residence, No. Hermann, Missouri RFD St. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Specify the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2, 1847

7. AGE YEARS 92 MONTHS 10 DAYS 14 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hwf.
 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) Little Berger (STATE OR COUNTRY) Missouri

FATHER 13. NAME Frank Lauer
 14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Doerr
 16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) _____

17. INFORMANT Oscar Flake (ADDRESS) Little Berger, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hermann City Cem DATE July 18

19. FUNERAL DIRECTOR (NAME) Hugo H. Bluger (ADDRESS) Hermann, Missouri

20. FILED 7-18 1940 Anna K. Rieckhoff Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 - 1940

22. I HEREBY CERTIFY that I attended deceased from July 7 - 1940 to July 15 - 1940
 I last saw her alive on July 15, 1940 Death is said to have occurred on the date stated above, at 5:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Bronchitis
Arteriosclerotic C.H.F.
and Phlebitis of left leg
 Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physical 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) John Engelbrecht M. D.
 (Address) Shouf Hill Mo

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.....

Herman Blumer

Licensed Embalmer No..... 3160

P. O. Address..... Hermann, Mo.

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.