

JAN 15 1941

Registration District No. **701**Primary Registration District No. **1003**

1. PLACE OF DEATH:

- (a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Johns Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 hours
 (Specify whether

In this community _____
years, months or days)3. (a) PRINT FULL NAME Frank Flock3. (b) If veteran, name war No 3. (c) Social Security No. _____4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Elise 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Feb. 23 1873
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
67 9 16 hr. _____ min.9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Stationary Fireman

11. Industry or business _____

MOTHER FATHER
 { 12. Name Fred Flock
 { 13. Birthplace Pennsylvania
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Isabelle Schmarde
 { 15. Birthplace England
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Newton Flock(b) Address 6121 Alabama Ave.17. (a) Burial (b) Date thereof 12-12-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Trinity Lutheran(a) Signature of funeral director Mr. Schumacher(b) Address 3013 Meramec St.19. (a) DEC 10 1940 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6121 Alabama Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9
year 1940 hour 4 minute 00 P. M.21. I hereby certify that I attended the deceased from
12-8-, 1940, to 12-9-, 1940;
that I last saw him alive on 12-9-, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death

Hypertensive Crisis
Vascular Disease

Due to _____

Due to _____

Other conditions Bronchial asthma.
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature W. J. Key (M. D. or other) _____
Address 3604 Washington Date signed 12-9-40

3604
11-6
Manning

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.....

Clarence Hochow

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

working under my personal supervision.

Signed *Clarence Hochow*

Licensed Embalmer No. *3093*

P. O. Address *3013 Meramec*

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.