

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
MAY 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5472

State File No. _____

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **1720**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

30
17
9

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:
3705 Texas Avenue /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) 41 years

3. (a) PRINT FULL NAME HERMAN FLACHSBART

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Magdalena Caemmerer Flachsbar 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased May 5, 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>9</u>	<u>17</u>	hr. _____ min.

9. Birthplace Dorsey / Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Grocery

12. Name Herman Flachsbar

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Louise Steinmann

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Magdalena Flachsbar
(b) Address 3705 Texas Avenue

17. (a) Burial (b) Date thereof 2/ 25/ 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Blederedwood Funeral Home
(b) Address 1936 St. Louis Avenue

19. (a) FEB 24 1941 (b) J. H. Bredebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ADA

(c) City or town St. Louis 1724
(If outside city or town limits, write "RURAL:")

(d) Street No. 3705 Texas Avenue
(If rural, give location) 9

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Febr day 22, year 1941 hour 6 am minutes _____ M.

21. I hereby certify that I attended the deceased from Febr 18 at 4 to Febr 22, 1941, that I last saw him alive on Febr 22, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Aortic and Mitral Regurgitation

Other conditions: None

Major findings: Of operations None

Of autopsy None

Duration _____

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? _____

23. Signature B. W. Kippel, M.D. (M. D. or other) _____
Address 3235 South Grand Blvd Date signed 2/22/41

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. *3737*

P. O. Address *1936 St. Louis Ave*

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, fact should be so stated above: