

S. No. 2
M-1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILLED OCT 18 1941 STANDARD CERTIFICATE OF DEATH
1003

State File No. 30503
Registrar's No. 7842

Registration District No. 791

Primary Registration District No.

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:
Enroute City Hospital 5
(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:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2830 No. 23rd St.
(If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
Attending Physician

3. (a) PRINT FULL NAME Martin F. Flottmann

3. (b) If veteran, name war. No. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife. Single 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. Sept, 5, 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Gerald Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business _____

12. Name Fred M. Flottmann
13. Birthplace New York
(City, town, or county) (State or foreign country)
14. Maiden name Henrietta Boehmer
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Flottmann
(b) Address 4500 Washington Ave.

17. (a) Burial (b) Date thereof 10/2/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Gerald, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. SEP 30 1941 (b) J. P. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29
year 1941 hour 12 30 minute AM

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.

Immediate cause of death _____
Coronary Occlusion
Arteriosclerosis

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

Major findings: Of operations _____
Of autopsy _____

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) _____
(b) Means of injury 3
23. Signature Alfred Perry (M. D. or other) _____
Address _____ Date signed 9/30/41

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

1501
200
17
9

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 *GW* *G. W. Wilkinson*
Licensed Embalmer No. *3575*
P. O. Address.....

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.