

FILED DEC 13 1943
Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Infirmary.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7yrs, 1mo, 3days
In this community Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 13
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St.
(If rural, give location)
(e) Citizen of foreign country? N (Yes or No)
If yes, name country American.

3. (a) PRINT FULL NAME Michael Flahave.

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 7 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 7 26 hr. min.

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

10. Usual occupation Blacksmith.

11. Industry or business ?

12. Name Mike Flahave.

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

14. Maiden name Ellen Moriarty.

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

16. (a) Informant Tomie Burr

(b) Address 5800 Arsenal

17. (a) Burial (b) Date thereof 12-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BURIAL-CALVARY

18. (a) Signature of funeral director J. F. Bredbeck

(b) Address 2856 Manchester, Washington

19. (a) DEC 3 1943 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3,
year 1943 hour 1:45 minute 15 A. M.

21. I hereby certify that I attended the deceased from March 15
1943 to Dec 3 1943
that I last saw him alive on Dec 3 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic hypochlorite
Due to: Atherosclerosis
Due to: _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Duration
Several
years
1
year
year
PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations: _____
Of autopsy: none

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) Manner of injury _____

23. Signature J. F. Bredbeck (M. D. or other) N
Address 5800 Arsenal St. Date signed 12/3/43

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

MOTHER FATHER

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 3454

....., Registered Apprentice No.....
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address. 197456 Manchester

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.

Maple