

FILED DEC 13 1943 818

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 10605

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:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hour 0
(Specify whether
In this community 36 years
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. 3720 Michigan Ave.
(If rural, give location)
(e) Citizen of foreign country? -- (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Casper A. Flauter

3. (b) If veteran, name war No 3. (c) Social Security No. 708-14-2595

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Flauter 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased May 2, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 6 28 _____br. _____mo.

9. Birthplace Hungary 8
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business J. C. Penny Company

MOTHER FATHER

12. Name Mathias Flauter
13. Birthplace Hungary 8
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Geiser
15. Birthplace Hungary 8
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Flauter
(b) Address 3720 Michigan Ave.

17. (a) Burial (b) Date thereof 12 4 43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Thomas F. Collins
(b) Address 3634 Gravois Ave.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30
year 1943 hour 10 minute 27 P.M.

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 _____
Cerebral Apoplexy

Due to _____
Due to _____

Other conditions _____
(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)
(c) Means of injury 47

23. Signature Thomas F. Collins (M. D. or other) _____
Address Deputy Coroner Date 12-3-43

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

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 Robert C. Wheeler
Licensed Embalmer No. 2128
P. O. Address So. Louisiana

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.