

FILED APR 27 1945

Registration District No. 318

Primary Registration District No.

Registrar's 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:
4571 Carter ave.
(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. 4571 Carter ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
1945 year hour 2 minute 20 a.m.

21. I hereby certify that I attended the deceased from
Jan 14 1944 to Apr 15 1945
that I last saw he alive on Apr 14 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to.....
Due to.....

Other conditions Arterio Sclerosis
(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?

(Specify type of place)
While at work (e) Means of injury.....
23. Signature J. J. Halliday (M. D. or other)
Address 3025 N. 70th Date signed 4/16/45

3. (a) PRINT FULL NAME Minnie Flayer

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Henry Flayer 6. (c) Age of husband or wife if alive 11 years

7. Birth date of deceased December 11 1861
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 4 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business at home

12. Name Julius Blumenberg

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

14. Maiden name Charlotte Rein

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

16. (a) Informant Mrs Wm. Clausen

(b) Address 4571 Carter ave

17. (a) burial (b) Date thereof April 17- 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem

18. (a) Signature of funeral director A. Knowlton Co

(b) Address 2707 N. Grand Blvd

19. (a) APR 16 1945 (b) J. J. Halliday
(Date received local registrar) (Registrar's signature)

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

60
17
9

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

Signed.....

VE Morris

Licensed Embalmer No.....

3360

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.