

FILED OCT 23 1948

Registration District No. 6076317

Primary Registration District No. 3-17-6076

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Pine Crest Home 4
(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)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 91

(c) City or town Manchester
(If outside city or town limits, write "RURAL.")

(d) Street No. Pine Crest Home
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George W. Flack

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2
year 1948 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from Aug 1 1948 to Sept 2 1948
that I last saw him alive on Aug 30 1948
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (c) Age of husband or wife if alive Dec'd. years

7. Birth date of deceased March 9 1869
(Month) (Day) (Year)

Immediate cause of death chronic myocard Duration _____

8. AGE: Years Months Days If less than one day
79 5 23 hr. min.

Due to senility

Due to 93d

9. Birthplace Wark County Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Retired

12. Name Simon Flack

Major findings: Of operations _____

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

Of autopsy _____

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

14. Maiden name Hannah Nickelson

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

16. (a) Informant Elmer Flack

(b) Address 3221 N. Taylor

17. (a) Burial (b) Date thereof 9/4/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cem.

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Blvd

19. (a) 9-4-48 (b) George W. Flack
(Date received local registrar) (Registrar's signature)

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) Means of injury _____

23. Signature A. P. Merkle (M. D. or other) _____

Address 3501 Poloma Date signed 9-4-48

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

76
0
D

463 71. Smith

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 Albert Mayfield

Licensed Embalmer No. 3077

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.