

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31763

State File No.

8392

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1941 Utah St. /		d. STREET ADDRESS (If rural, give location) 29-1941 Utah St.	
3. NAME OF DECEASED (Type or Print) a. (First) Nickolaus		b. (Middle) Flouder	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Sept. 28 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 16 1867
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Brewery Worker	
11. BIRTHPLACE (State or foreign country) Hungary In		12. CITIZEN OF WHAT COUNTRY? U.S.G.	
13a. FATHER'S NAME John Flouder		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Magdalena Flouder		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.	
16. SOCIAL SECURITY NO. no.		17. INFORMANT'S SIGNATURE OR NAME Magdalena Flouder ADDRESS 1941 Utah St.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart-disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) advanced general arteriosclerosis, diabetes mellitus DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 97	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4520		22. I hereby certify that I attended the deceased from Aug , 1947, to Sept , 1949, that I last saw the deceased alive on 9-27 , 1949, and that death occurred at 6⁰⁰ p. m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Maximilian Weisman M.D.		23b. ADDRESS 3530 ARSENAL, St. Louis	
23c. DATE SIGNED 9-29-49.		24a. BURIAL, CREMATION, REMOVAL (Specify) Bural	
24b. DATE 90-1-49.		24c. NAME OF CEMETERY OR CREMATORY New ST. Marcus	
24d. LOCATION (City, town, or county) (State) St. Louis, County		DATE REC'D BY LOCAL REG. SEP 30 1949	
REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE Witt Bros. & Co. 2929 S. Jefferson ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

D⁷ Wittman
3530 Arsenal

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Harold C. Witt

Licensed Embalmer No. 4353

P. O. Address 2929 S. Jefferson

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.