

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1003

State File No. 42927

FILED JAN 10 1951

318

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY-REG. DIST. NO. _____		Registrar's No. <b>11156</b>		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>2.03</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louisick</b>		c. LENGTH OF STAY (in this place) _____		3. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>3317 Bendick Ave.</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3317 BENDICK</b>				d. STREET ADDRESS (If rural, give location) <b>3317 Bendick Ave.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Emma</b> b. (Middle) <b>M.</b> c. (Last) <b>Flottman</b>			4. DATE OF DEATH Month <b>Dec.</b> Day <b>15</b> Year <b>1951</b>		5. SEX <b>F</b>		6. COLOR OR RACE <b>WW</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Nov. 3, 1874</b>		9. AGE (In years last birthday) <b>77</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		
10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>D.</b>		13a. FATHER'S NAME <b>Fred Bayless</b>		
13b. MOTHER'S MAIDEN NAME <b>Josephine Trunk</b>		14. NAME OF HUSBAND OR WIFE <b>Edward W. Flottman</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____		
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. F. Strebile</b>		ADDRESS <b>3317 Bendick Ave.</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of both breasts</u></b> <b>2. OTHER SIGNIFICANT CONDITIONS</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				
19a. DATE OF OPERATION <b>Nov 5</b>		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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>170X</b>		22. I hereby certify that I attended the deceased from <b>6/4/51</b> , 19____, to <b>Dec 15, 1951</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at <b>8:45 P.</b> m., from the causes and on the date stated above.				
23a. SIGNATURE <b>M.W. Sandoe</b>		23b. ADDRESS <b>3524 Arsenal</b>		23c. DATE SIGNED <b>12-17-51</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 19, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SS Peter &amp; Paul Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>DEC 17 1951</b>		REGISTRAR'S SIGNATURE <b>J. H. Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Hoffmeister</b> ADDRESS <b>Colonial Mortuary 6164 Chippewa St. St. Louis, Mo.</b>				

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

Dr. Gansloser Sr.  
Arsenal St.

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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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 Broadway

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.