

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18906**

FILED MAY 17 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1275

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

1. PLACE OF DEATH a. COUNTY <u>ST Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NORMANDY</u>		c. LENGTH OF STAY (In this place) <u>2 YRS.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5331 LUCAS HUNT Rd</u>		d. STREET ADDRESS (If rural, give location) <u>5331 LUCAS HUNT ROAD</u>	
3. NAME OF DECEASED a. (First) <u>MAY</u> b. (Middle) <u>NEAVE</u> c. (Last) <u>FLAIG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 13 52</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>8-1-1882</u>
9. AGE (In years last birthday) <u>68</u>		# UNDER 1 YEAR Months	# UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>ST Louis MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>WM NEAVE</u>	
13b. MOTHER'S MAIDEN NAME <u>CLEMENTINE TAYLOR</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph M. J. FLAIG</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Flaig</u> ADDRESS <u>5331 LUCAS HUNT Rd</u>
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Pubic region</u>		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		8 yrs.	
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)	<u>1991</u>
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?	
22. I hereby certify that I attended the deceased from <u>Apr. 15, 1950</u> , to <u>May 10, 1952</u> that I last saw the deceased alive on <u>May 12, 1952</u> , and that death occurred at <u>5/A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Ueber</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1202 University St.</u>	23c. DATE SIGNED <u>5/13/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-15-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BERKEFONTAINE</u>	24d. LOCATION (City, town, or county) (State) <u>ST Louis MO</u>
DATE REC'D BY LOCAL REG. <u>5-14-52</u>	REGISTRAR'S SIGNATURE <u>Harbert R. Donke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>MOA Krohn</u> ADDRESS <u>LYZA Co 2707 N Grand</u>	

SW (Licensed Embalmer's Statement on Reverse Side)

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

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.

Signed

Gustav W. Siskala

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, Mo.*

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.