

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41650**

V.S. No. 300
REV. 10-48

FILED DEC 10 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2993</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bellefontaine Neighbors</u>		c. LENGTH OF STAY (in this place) <u>1 year</u>		a. STATE <u>Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9200 Hopedale Drive</u>		c. CITY OR TOWN <u>Bellefontaine Neighbors</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		b. COUNTY <u>St. Louis</u>	
e. STREET ADDRESS <u>9200 Hopedale Drive</u>		f. STREET ADDRESS (If rural, give location) <u>9200 Hopedale Drive</u>		3. NAME OF DECEASED		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>Emilie</u>		b. (Middle) _____		c. (Last) <u>Flettmann</u>		<u>November 18, 1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 19, 1871</u>	
9. AGE (In years last birthday) <u>82</u>		# UNDER 1 YEAR Months _____		# UNDER 1 YEAR Hours _____		# UNDER 1 YEAR Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Louis Borcharding</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Borcharding</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Flottmann</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Carl Hillgardt 9200 Hopedale Drive.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u>					
		ANTECEDENT CAUSES (b) <u>Penicillin Cardiac Asthma</u>					
		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 <u>No</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>No</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>about 4 hrs</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>11/17</u> , 19 <u>53</u> , and that death occurred at <u>1:00 p.m.</u> , from the cause and on the date stated above.							
23a. SIGNATURE (Degree of Altho) <u>Carl A. Demstorf</u>				23b. ADDRESS <u>8330</u>		23c. DATE SIGNED <u>11/18/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>11/21/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11/19/53</u>		REGISTRAR'S SIGNATURE <u>Richard B. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Math. Hermann & Son, Inc. 2161 E. Fair Ave.</u>			

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

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4202

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**