

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16620

State File No. ....

4341

Registrar's No. ....

FILED MAY 26 1955

1003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis, Mo.</u> ) c. LENGTH OF STAY (in this place) <u>Life</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____  c. CITY OR TOWN <u>St. Louis</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Jewish Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>4201 North 20th St.</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>J.</u> c. (Last) <u>Flayer</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>May 15 1955</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Dec. 21, 1890</u>
<b>9. AGE</b> (In years last birthday) <u>64</u>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Tavern Operator</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Tavern</u>
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>St. Louis, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U S A</u>	
<b>13a. FATHER'S NAME</b> <u>Henry Flayer</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Minnie Blumenberg</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Kate Flayer</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
<b>16. SOCIAL SECURITY NO.</b> <u>493-38-2145</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Kate Flayer</u>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>(?) Carcinomatosis of liver -</u> ANTECEDENT CAUSES <u>Primary site unknown</u> DUE TO (b) _____ DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b> <input type="checkbox"/>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>0</u>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>0</u>	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b> <u>1562</u>		<b>22. I hereby certify that I attended the deceased from</b> <u>April 11, 1955</u> , to <u>April 15, 1955</u> , that I last saw the deceased alive on <u>5/15, 1955</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.	
<b>23a. SIGNATURE</b> (Degree or title) <u>Alfred Fleishman M.D.</u>		<b>23b. ADDRESS</b> <u>462 N. Taylor</u>	
<b>23c. DATE SIGNED</b> <u>5/16/55</u>		<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	
<b>24b. DATE</b> <u>May 18, 1955</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Calvary</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis Missouri</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>[Signature]</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>MAY 17 1955</u>		<b>ADDRESS</b> <u>3934 N 20th St.</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

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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.....  
Signature of Student Embalmer

Signed *Gustav W. Dietrich*.....

Licensed Embalmer No. *43*.....

P. O. Address *St. Louis*.....

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.