

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42049**
10540
Registrar's No.

FILED JAN 11 1958

BIRTH NO. **95613-55** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY <u> </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) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Crestwood - 4790</u>	
c. LENGTH OF STAY (In this place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>833 Hawkins Dr.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Evangelical Deaconess Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Allen</u> b. (Middle) <u>James</u> c. (Last) <u>Flader</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 1, 1955</u>
--	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>No</u>	8. DATE OF BIRTH <u>Nov. 27, 1955</u>	9. AGE (In years last birthday) <u>5</u> IF UNDER 1 YEAR Months IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>Norman Oscar Flader</u>	13b. MOTHER'S MAIDEN NAME <u>Marcella Marie Zwick</u>	14. NAME OF HUSBAND OR WIFE <u> </u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u> </u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. N. Flader</u>	ADDRESS <u>833 Hawkins Crestwood</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lisemenger, bronch</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>congenital</u>		
	DUE TO (c) <u> </u>		
II. OTHER SIGNIFICANT CONDITIONS: <u> </u> 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>754.2</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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?
---	--	----------------------------

22. I hereby certify that I attended the deceased from Nov. 27, 1955, to Dec. 1, 1955, that I last saw the deceased alive on Dec. 1, 1955, and that death occurred at 9:08 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u> </u>	(Degree or title) <u> </u>	23b. ADDRESS <u> </u>	23c. DATE SIGNED <u>12-1-55</u>
---	---	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-2-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Olive Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>DEC 2 1955</u>	REGISTRAR'S SIGNATURE <u> </u>	FUNERAL DIRECTOR'S SIGNATURE <u> </u>	ADDRESS <u>3819 So Grand Blvd.</u>
---	--	---	---------------------------------------

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 46 111

P. O. Address St Louis 18 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.