

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008217
State File No.

FILED FEB 28 1958

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 429

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) <u>Richmond Heights</u>		c. LENGTH OF STAY (in this place) <u>3 Weeks</u>	c. CITY OR TOWN <u>Richmond Heights</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7460 Warner Ave</u>		e. STREET ADDRESS (If rural, give location) <u>7460 Warner Ave</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>		b. (Middle)		c. (Last) <u>FLACH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-11-1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>10-17-1882</u>		9. AGE (In years last birthday) <u>75</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laclede Gas Co</u>		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>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE	
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>492-03-8217</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Thomas W. Flach</u>	
				ADDRESS <u>7460 Warner Ave</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ac. Myoc Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart</u>			
		DUE TO (c) <u>Disease C.V. Syndrome</u>		<u>4 yrs</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus 44 yrs</u>		<u>8 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

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) (Min.)		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 8/13/49, 1957, to 2/11/58, 1958, that I last saw the deceased alive on 2/11/58, 1958, and that death occurred at 9:40 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter H. Hofer</u>		(Degree or title)		23b. ADDRESS <u>3108 S Grand</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-14-1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Lawn Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>1800 Lemay Ferry Road Mo</u>	

DATE REC'D BY LOCAL REG. <u>2-11-58</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u>		FUNERAL DIRECTOR'S SIGNATURE <u>M. J. Fiegenheim</u>	
				ADDRESS <u>Pros 6409 Gravois 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..... *Law M. Sizemore*
Licensed Embalmer No..... *434*
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.