

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008345
State File No.

BIRTH NO.		REG. DIST. NO. <u>317</u>	PRIMARY REG. DIST. NO. <u>500</u>	Registrar's No. <u>505</u>
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>unk.</u> b. COUNTY <u>unk.</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bellefontaine Neighbors</u>		c. CITY OR TOWN <u>UNKNOWN</u>	d. Is Residence within limits of a city of incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>32 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>unk.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis State Tr. School.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 27 1958</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edna</u>	b. (Middle) <u>-</u>	c. (Last) <u>Flachmeier</u>	5. SEX <u>F</u>	
6. COLOR OR RACE <u>N.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married.</u>	8. DATE OF BIRTH <u>Aug. 24, 1897</u>		9. AGE (In years last birthday) <u>60 yrs.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>John Flachmeier</u>		13b. MOTHER'S MAIDEN NAME <u>Lizzie Flascher</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records of St. L. State Tr. School 10695 Bellefontaine Rd.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1-18-58 to 1-27-58</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Micropsyphalus</u>				<u>60+ yrs.</u>
DUE TO (c) <u>Mental deficiency</u>				<u>60+ yrs.</u>
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			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 <u>Jan. 18, 1958</u> , to <u>Jan. 27, 1958</u> , that I last saw the deceased alive on <u>Jan. 27, 1958</u> , and that death occurred at <u>6:45 p. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Dorothy M. Ellersieck M.D.</u>		23b. ADDRESS <u>10695 Bellefontaine Rd.</u>		23c. DATE SIGNED <u>1-27-58.</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>2-18-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ANATOMICAL</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-18-58</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Danke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rowland-Aker Mortuary Service</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.....

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.