

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010903
STATE FILE NUMBER
2 167E

8
Registration District No. _____ Primary Registration District No. _____ Registrar No. _____

FILED MAR 18 1959

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Inside Limits Yes No

c. CITY OR TOWN Riverview Gardens Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis - Little Length of stay in lb 17 days

d. STREET ADDRESS (If outside, give location) 433 Thrift Avenue Reside on Farm Yes No

3. NAME OF DECEASED Rock Hospital, Inc. Middle Lost
IRVING E FLAGG

4. DATE OF DEATH February 15, 1959 Month Day Year

5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH Dec. 13, 1880 9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman-Switchman (Retired) 10b. KIND OF BUSINESS OR INDUSTRY Terminal R.R., Chicago 11. BIRTHPLACE (City and state or country) Illinois 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William H. Flagg 13b. MOTHER'S MAIDEN NAME Elizabeth Jackson 14. NAME OF HUSBAND OR WIFE Lillian M. Flagg (Deceased)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. None 17. INFORMANT Irving E. Flagg, Jr., Address 433 Thrift Avenue

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) POST OPERATIVE SHOCK INTERVAL BETWEEN ONSET AND DEATH 9 DAYS
DUE TO (b) OPERATION FOR HEMORRHAGE-DUODENAL ULCER 1 DAY
DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CARCINOMA OF BODY OF PANCREAS- 19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____

21. I attended the deceased from 5 FEB 1959 to 15 FEB 1959 and last saw ^{of} him alive on 15 FEB 1959
Death occurred at 9 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Irving E. Flagg - M.D. (Degree or title) 22b. ADDRESS 3720 WASHINGTON 22c. DATE SIGNED 16 FEB 59

23a. BURIAL, CREMATION (Specify) Removal 23b. DATE Feb 19 1959 23c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

24. FUNERAL DIRECTOR Math Hermann & Son, Inc., ADDRESS 2161 E. Fair 25. DATE RECD. BY LOCAL REG. FEB 17 '59 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *W. Ford G. Beerley*
Licensed Embalmer No. *4702*
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.