MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-005738
STATE FILE NUMBER

AMENDED

Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 26

FILED VS FEB 23 1961

1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL JOACHIM
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A JEFF.MEMORAL HOSP.
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jefferson
c. CITY OR TOWN Festus, Missouri
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS Route 2 (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First OSCAR Middle E. Last FLADER
4. DATE OF DEATH Month February Day 14 Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 9-26-1884
9. AGE (last birthday) 76 years
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sausage Kitchen
10b. KIND OF BUSINESS OR INDUSTRY Swift & Company.
11. BIRTHPLACE (City and state or country) Carlyle, Illinois
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Ferdinand Flader
13b. MOTHER'S MAIDEN NAME Alvina Baum
14. NAME OF HUSBAND OR WIFE Marie (Mabel) I. Flader
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address Mrs. Marie I. Flader, Route 2, Festus, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary disease
DUE TO (c) Generalized arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hemiplegia, left
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 a.m. p.m. Month, Day, Year
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 Oct 10, 60, to February 3, 61 and last saw her him alive on Feb 3, 61
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Bertram Bolgar, MD (Degree or title)
22b. ADDRESS Festus, Mo
22c. DATE SIGNED 2/15/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 2/17/61
23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park
23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

24. FUNERAL DIRECTOR Kriegshauser South, ADDRESS 4228 S. Kingshighway St. Louis 9, Mo.
25. DATE RECD. BY LOCAL REG. 2/15/61
26. REGISTRAR'S SIGNATURE John N. Stoll Deputy

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

FEB 23 1961

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 Ernest W. Spice

Licensed Embalmer No. 14080

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.