

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

14376

1. PLACE OF DEATH

County St Louis Registration District No. 785-
 Township Brookstone Primary Registration District No. 3037
 City Kirkwood (No.) St. Ward)

2. FULL NAME Frank J. De Florin

(a) Residence, No. 113 E Jewel Kirkwood
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) 1

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mollie K. De Florin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-12-1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 11 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME John De Florin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Fedilia Schmeder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mollie K. De Florin
113 E Jewel Kirkwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Hermann Mo. DATE 5-1-33

19. UNDERTAKER (ADDRESS) Louis H. Bopp
Kirkwood Mo.

20. FILED 4/28 1933 C. E. Barrett
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 27, 33 to Apr 27, 33

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at 7:45 p.m.

The principal cause of death and related causes of importance were as follows:

Acute dilatation of heart. Date of onset Apr 24, 33

110 Ca
950 118

Other contributory causes of importance: Acute Indigestion Apr 26 1933

Name of operation..... Date of.....
 What test confirmed diagnosis Bluish Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify

(Signed) C. E. Barrett M. D.
 (Address) 207 E. Jewel Kirkwood Mo.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 24 1933

