

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

Do not use this space.

18310

1. PLACE OF DEATH

County..... Registration District No. 7800
 Township..... Primary Registration District No. 10000
 City St. Louis Mo. (No. 1112 Waldenmont Avenue - St. Ward)
 File No. Registered No. 4543

2. FULL NAME

Thomas J. Florida
 (a) Residence, No. 1109 Waldenmont St., 5 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rosa Florida</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 19 1881</u>		
7. AGE YEARS <u>52</u>	MONTHS <u>4</u>	DAYS <u>-</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Barber</u>	
	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) <u>Mo.</u>		
MOTHER	13. NAME <u>James R. Florida</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Denn</u>	
	15. MAIDEN NAME <u>Thursy Clark</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT <u>Thelma Huff</u> (ADDRESS) <u>4000 1/2 St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Cem</u> DATE <u>5/24</u> 19 <u>33</u>		
19. UNDERTAKER <u>A. Ellis</u> (ADDRESS) <u>2240 Pelmar</u>		
20. FILED <u>7-24-33</u> 19 <u>33</u> <u>J. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 1933

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
 I last saw him alive on, 19..... Death is said to have occurred on the date stated above, at 10:55 P.M.
 The principal cause of death and related causes of importance were as follows:
Aortic Insufficiency - Hypertrophy of Heart - Coronary Thrombosis
9 V A
 Other contributory causes of importance: 9:35 P.M.
9:10 P.M.

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes

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?.....
 If so, specify.....
 (Signed) W. R. Penney M. D.
 (Address) Deputy Foreman
5/23/33

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.

WRITE PLEASE WITH SPREADING INK—THIS IS A PERMANENT RECORD

2286

