

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.

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

Do not use this space.

JUL 14 1936

24186

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1008
City St. Louis (No. 8414 Lowell W. Mans) St. 8 Ward

File No.
Registered No. 5774 Ward

2. FULL NAME

(a) Residence, No. 8414 Lowell W. Mans St. 8 Ward.

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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward F. Flora

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 7 21

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

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) Hannibal Mo

13. NAME George F. Young

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

15. MAIDEN NAME Not known

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

17. INFORMANT Edward F. Flora (ADDRESS) 8414 Lowell Mans

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens DATE June 4, 1936

19. UNDERTAKER Walt Hermann and Son (ADDRESS) 2166 East Fairway

20. FILED J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936 to June 1, 1936
I last saw her alive on June 1, 1936 Death is said to have occurred on the date stated above, at 3:30 P.M.
The principal cause of death and related causes of importance were as follows:

Red softening of brain
Other contributory causes of importance: not known

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? none Date of injury 19.....
Where did injury occur? none (Specify city or town, county, and State).
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. F. Miller M. D.
(Address) 8410 1/2 Broadway St. St. Louis Mo

JUN 2 1936

