

APR 20 1939

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

12173
Do not use this space.

1. PLACE OF DEATH
(a) County St. Francois Registration District No. 773
(b) Township St. Francois Primary Registration District No. 6018A
(c) City Near Farmington (d) Street No. State Hospital No. 4 Registered No. 42
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME FLORA LOMBARDO
(a) Residence, No. Wellston, Mo., 6211a Chatham Ave. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tony Lombardo
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-8-1880
7. AGE YEARS 58 MONTHS 8 DAYS 7 IF LESS than 1 day, .hrs. or .min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. shoe factory worker
9. Industry or business in which work was done, as 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) Ohio

FATHER 13. NAME William Clark

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

MOTHER 15. MAIDEN NAME Mary Clark

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

17. INFORMANT (ADDRESS) Records of State Hospital No. 4 Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Freeburg, Mo. DATE March 16 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. T. Lloyd Farmington, Mo. Licklighter, Belle, Mo.

20. FILED Mar 14 1939 T. J. Robinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-13 1939
22. I HEREBY CERTIFY, That I attended deceased from 1-23 1939 to 3-13-39 1939
I last saw her alive on 3-13- 1939 at 9:00 a. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

General paralysis of the insane (arteriosclerosis)
Therapeutic test for malaria
Other contributory causes of importance:
Generalized arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis Ch. stab. 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? _____
If so, specify _____ (Signed) Paul J. Robinson, M. D.
State Hosp #4 Farmington (Address)

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.

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, *Not Embalmed*

C. J. Floyd

or by

Registered Apprentice No. _____, working under my personal supervision. *Widest road*

Signed

C. J. Floyd

Licensed Embalmer No. *35127*

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 this body is not embalmed, above space should be left blank.