FILED APR 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9492

Registration District No. 791

Primary Registration District No. 1002

Registrar's No. 2975

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G Phillips (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether

In this community Unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis (If outside city or town limits, write "RURAL") 10

(d) Street No. 3129 Lambdin (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charles Flowers

3. (b) If veteran, name war

3. (c) Social Security No. Unemployed

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eunice Flowers

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March (Month) 6 (Day) 1877 (Year)

8. AGE: Years 63 yrs Months no Days 20 If less than one day hr. min.

9. Birthplace Trembell (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation unemployed

11. Industry or business None

FATHER
12. Name Joe Flowers
13. Birthplace Trembell (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Thula McKnight
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Eunice Flowers

(b) Address 3129 Lambdin Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 30 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Herman Jo Smith

(b) Address 4247 W Lambdin Ave.

19. (a) MAR 30 1940 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26 year 1940 hour 5:10 minute P M.

21. I hereby certify that I attended the deceased from March 19, 1940 to March 26, 1940; that I last saw him alive on March 26, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	10 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature M. W. Allen (M. D. or other)

Address 2601 N Whittier Date signed

(Licensed Embalmer's Statement on Reverse Side)

3/27/40

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

50M-5-17-39
Rev. 5-17-39
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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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Henry Goodin

Licensed Embalmer No. 3050

P. O. Address 4237 W Labadie

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.