

State File No.

Registrar's No.

Registration District No. **791** Primary Registration District No. **1003**

NOV 16 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
5071 Maple Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. 19 Days
(Specify whether _____)
In this community 65 years
years, months or days

3. (a) PRINT FULL NAME Florence English.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late William English 6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased August 30 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 18 If less than one day hr. _____ min. _____

9. Birthplace Springfield, Ohio. (City, town, or county) (State or foreign country)

10. Usual occupation Hospital Patient. 9

11. Industry or business _____

12. Name Serge Sargent. 9

13. Birthplace unknown. (City, town, or county) (State or foreign country)

14. Maiden name Bela Owens. (City, town, or county) (State or foreign country)

15. Birthplace unknown. (City, town, or county) (State or foreign country)

16. (a) Informant Harry Luecke

(b) Address 2223 St. Louis ave

17. (a) Burial (b) Date thereof 10-21-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation new St. Marcus Cem.

18. (a) Signature of funeral director J. J. Seidner and Co.

(b) Address 2223 St. Louis ave.

19. (a) OCT 21 1940 (b) J. F. Gueh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
(c) City or town St. Louis. 12
(If outside city or town limits, write "RURAL")
0 (d) Street No. 5071 Maple Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18,
year 1940 hour 5:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from August 14, 1940 to October 18, 1940;
that I last saw her alive on October 18, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death
Arteriosclerosis, General
Myocarditis, Chronic
Hypertensive Heart
Disease
Secondary Incontinence

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None

Duration
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) (e) Means of injury _____

While at work? _____

23. Signature [Signature] (M. D. or other) _____

Address 1515 Lafayette Avenue, Date signed 10/19/40

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... *Homer L. Ponder*

Licensed Embalmer No... *3367*

P. O. Address... *2223 St Louis*

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32955
Registar's No. 8652

Registration District No. _____

Primary Registration District No. _____

Registar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5071 Maple
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 19 da
In this community 6.5
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Lawrence English

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife William 6. (c) Age of husband or wife, if alive 54 years

7. Birth date of deceased Aug 30-1863
(Month) (Day) (Year)

8. AGE: Years 25 Months 6 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Springfield, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Coop. Patrolman

11. Industry or business _____

12. Name George Sargent

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Bela Owen

15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Harvey Leeche
(b) Address 2223 St Louis Ave

17. (a) Buried (b) Date thereof 10/21/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem

18. (a) Signature of funeral director Fredner E. Ando

(b) Address 2223 St Louis Ave

19. (a) Oct 21 1946 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town St Louis
(If outside city or town limits write "RURAL")
(d) Street No. 5071 Maple
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18
year 1946 hour 5:30 minute pm

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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?

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

DUPLICATE

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

