

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

33981

Registration District No.

791

Primary Registration District No.

Registrar's No.

8678

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:
1034a Eureka Flats
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community abt. 40 years
years, months or days)

8. (a) PRINT FULL NAME Lydia Fluellen

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William Fluellen 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased unknown about 1870
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
Unk. abt. 70 hr. _____ min.

9. Birthplace New Madrid Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name John King
13. Birthplace Unavailable
(City, town, or county) (State or foreign country)
14. Maiden name Mariah Wade
15. Birthplace New Madrid Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Richard Salome
(b) Address 1034a Eureka Flats

17. (a) Burial (b) Date thereof 10-23-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Gales
(b) Address 4107 Finney Ave. St. Louis

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis //
(If outside city or town limits, write "RURAL")
(d) Street No. 1034a Eureka Flats
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20th.
year 1940 hour 5:45 minute a. M.

21. I hereby certify that I attended the deceased from 8/22
_____, 1940, to October 20th., 1940,
that I last saw her alive on October 20th., 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic Valvular Heart Disease

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 W. R. Bond (M. D. or other)
Address 941a N. Sarah St. Date signed 10/21/40

Mr Bridges

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

A. J. Snodgrass
working under my personal supervision.

Registered Apprentice No.

265

Signed

Amelia A. Snodgrass

Licensed Embalmer No.

3522

P. O. Address 4107 Finney Ave.

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.