

No. 2
4-13-40
-17-39
I X231259

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34095
8792
Registrar's No.

NOV 16 1940
District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH: St. Louis, Mo.
(a) County _____
(b) City or town _____
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1yr. 6days
In this community 59yrs. 5mo. 7days.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: FLORENCE MERSHON
3. (b) If veteran, name war: No
3. (c) Social Security No.: No

4. Sex: Female 5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: James R. Mershon
6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: May 17, 1881
(Month) (Day) (Year)

8. AGE: Years 59 Months 5 Days 7 If less than one day hr. min.

9. Birthplace: St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Seamstress

11. Industry or business: Hospital Sewing room

12. Name: John J. Mulholland

13. Birthplace: St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name: Brian Pulford

15. Birthplace: Louisville, Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant: Peter J. [unclear]

(b) Address: 5400 Grand

17. (a) BURIAL (b) Date thereof: 10-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Arthur J. Donnelly
(b) Address: 3840 Lindell Blvd

19. (a) OCT 25 1940 (b) J. F. [unclear]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: _____
(c) City or town: St. Louis 13 23
(If outside city or town limits, write "RURAL")
(d) Street No.: 1515 Lafayette
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 24
year 1940 hour 6:15 minute _____ P. M.
21. I hereby certify that I attended the deceased from Oct. 19, 1939, to Oct. 24, 1940; that I last saw her alive on Oct. 24, 1940, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia (onset 10-19-40)
Due to _____
Due to _____
Other conditions: [unclear]
(Include pregnancy within 3 months of death)
Major findings: [unclear]
Of operations _____
Of autopsy: No.

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature: [unclear] (M. D. or other)
Address: 5400 Grand Date signed _____

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 *Stanley Marshall*

Licensed Embalmer No. *2868*

P. O. Address *3840 Rundle*

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.