

Registration District No. **791** Primary, Registration District No. \_\_\_\_\_

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:  
**2901 California Ave. /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME **Henry Flory**  
3. (b) If veteran, name war **No** 3. (c) Social Security No. **492-07-8553**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Tillie Flory** 6. (c) Age of husband or wife if alive **51** years

7. Birth date of deceased **August 3, 1882**  
(Month) (Day) (Year)

8. AGE: Years **58** Months **10** Days **13** If less than one day hr. min.

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

10. Usual occupation **Metal Buffer**

11. Industry or business **Nickel Plating**

12. Name **Peter Flory**

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

14. Maiden name **Don't know**

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

16. (a) Informant **Mrs. Tillie Flory**  
(b) Address **2901 California**

17. (a) **Burial** (b) Date thereof **June 19, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SS. Peter and Paul Ch.**

18. (a) Signature of funeral director **Weick Bros. Und. Co.**  
(b) Address **2201 S. Grand Bl.**

19. (a) **JUN 18 1941** (b) **J. H. Brudack**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **100**  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **1224**  
(d) Street No. **2901 California Ave.** (If rural, give location) **9**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6/16** day **16** year **1941** hour **11:15** minute **0** M.

21. I hereby certify that I attended the deceased from **6/12** to **6/16** 19**41** that I last saw him alive on **6/16** and that death occurred on the date and hour stated above.

Immediate cause of death **Ch. Myocardites**  
**Ch. Bronchitis**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **Ch. Myocardites**  
Of autopsy **Ch. Bronchitis**

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 **0**  
23. Signature **R. Berg** (M. D. or other) **MD**  
Address **2201 S. Grand Bl.** Date signed **6/17/41**

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

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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

*Wang A. Stewart*

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette S.

**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.**