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No. 2
1-4-41
1-17-39
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FILED SEP 17 1941
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26830
Registrar's No. 6622

Registration District No. 791

Primary Registration District No. 203

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
In this community 35 yrs.
- years, months or days (Specify whether)

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. 4420 Greer Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Flore
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 11,
year 1941 hour 2:45 minute P. M.
21. I hereby certify that I attended the deceased from August
7, 19 41 to August 11, 19 41
that I last saw her alive on August 11, 19 41
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive 48 years

Immediate cause of death
Inter-splenic
Heart Disease
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

7. Birth date of deceased September 5, 1860
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
80 11 6 hr. min.

Major findings:
Of operations _____
Of autopsy None
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis Mo. Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Housework

MOTHER { 12. Name Fred Dunkman
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Louise Stalter
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Flore
(b) Address 4068 Toenges Ave.
17. (a) Burial (b) Date thereof Aug. 14, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery

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) (M. D. or other)
23. Signature [Signature] (M. D. or other) 8/11/41
Address 1515 Lafayette Ave. Date signed _____

18. (a) Signature of funeral director Wm. M. Schumacher
(b) Address 4834 Natural Bridge
19. (a) AUG 13 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

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.....

John A. Melnar
....., Registered Apprentice No.....
working under my personal supervision.

Signed *John A. Melnar*
.....

Licensed Embalmer No. *4186*

P. O. Address *St. Louis Mo.*

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.