

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. ....

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED FEB 16 1943  
818

Registration District No. ....

Primary Registration District No. 7003

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:  
LITTLE SISTERS OF POOR 3225 N. FLORISSANT AVE.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 2 YEARS  
(Specify whether)

In this community..... 30 YEARS  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... MO. (b) County..... 17

(c) City or town..... ST. LOUIS 920  
(If outside city or town limits, write "RURAL")

Street No. 3225 N. FLORISSANT AVE.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME FLORA SAILORS

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WIDOW

6. (b) Name of husband or wife. GEORGE SAILORS 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. UNKNOWN 1876  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	UNKNOWN		.....hr. ....min.

9. Birthplace. UNKNOWN KENTUCKY!  
(City, town, or county) (State or foreign country)

10. Usual occupation. AT HOME

11. Industry or business. GEORGE DAVIS

12. Name. UNKNOWN 9

13. Birthplace. UNKNOWN (City, town, or county) (State or foreign country) 9

14. Maiden name. UNKNOWN 9

15. Birthplace. UNKNOWN (City, town, or county) (State or foreign country) 9

16. (a) Informant. SISTER JEANNE (b) Address. 3225 N. FLORISSANT AVE.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof. 2-4-43 (Month) (Day) (Year)

(c) Place: burial or cremation. CALVARY CEMETERY

18. (a) Signature of funeral director. Arthur J. Donnelly (b) Address. 3840 Lindell Blvd. (c) Date received local registrar. FEB 3 1943 (Date received local registrar) (d) Registrar's signature. J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 3 year 1943 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from January 14 1943 to February 3 1943 that I last saw her alive on Feb 2 1943 and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic Myocarditis Duration ??

Due to None

Due to None

Other conditions. None (Include pregnancy within 3 months of death)

Major findings: Of operations. None Of autopsy.....

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) Manner of injury.....

23. Signature. Bernard H. Stott (M. D. or other) Address. 2301 Delaney St Date signed 2-3-43

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

MOTHER FATHER

2888

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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 Stanley Marshall  
Licensed Embalmer No. 2868  
P. O. Address 3845 Lindell

**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.**