7. S. No. 2
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ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19572

FILED JUN 19 1943

Registration District No. 318 | Primary Registration District No. | Registrar's No. 5290

1003

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: DE PAUL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 60 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 4956 ALDINE PLACE
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN J. FLOOD
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARY FLOOD
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased DONT KNOW (Month) (Day) 1871 (Year)
8. AGE: Years 72 | Months DONT KNOW | Days | If less than one day hr. min.
9. Birthplace (City, town, or county) IRELAND (State or foreign country) 4
10. Usual occupation RETIRED CITY FIREMAN
11. Industry or business
FATHER 12. Name JOHN FLOOD
13. Birthplace (City, town, or county) IRELAND (State or foreign country) 4
MOTHER 14. Maiden name CATHERINE DONT KNOW
15. Birthplace (City, town, or county) IRELAND (State or foreign country) 4
16. (a) Informant MRS. MARY FLOOD
(b) Address 4956 ALDINE PLACE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-11-43 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd
19. (a) JUN 9 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 8 year 1943 hour 10 minute 55 A.M.
21. I hereby certify that I attended the deceased from May 15, 1943 to June 8, 1943 that I last saw him alive on June 7, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Art. Scl. Heart Disease — Duration
Due to Cong. Heart Failure
Due to Uremia
Other conditions Hyper. Prostate
(Include pregnancy within 3 months of death)
Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Robt. J. Faulk (M. D. or other)
Address 624 N. Union Date signed 6/8/43

(Licensed Embalmer's Statement on Reverse Side)

Dr R. Farrell
624 - N - Union

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 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.