

0607
S. No. 2
OM-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 22 1943 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 1003

State File No. 39522
Registrar's No. 10747

1. PLACE OF DEATH:
(a) County St. Louis, Missouri.
(b) City or town _____
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town ST LOUIS (d) Street No. 17
96
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Florence Blair
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 4th
year 1943 hour 11.00 minute _____ P. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 20 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from December 3rd, 19 43 to December 4th, 19 43
that I last saw her alive on December 4th, 19 43
and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 3 Days 14
If less than one day _____ hr. _____ min.

Immediate cause of death: arteriosclerotic heart disease
Duration _____

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

Due to _____
Due to _____

10. Usual occupation HOUSE WIFE

Other conditions myocardial infarction
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name JOHN FIFE
13. Birthplace KENTUCKY
14. Maiden name JEAN FIFE
15. Birthplace KENTUCKY

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

16. (a) Informant VERA ZINER
(b) Address 1517 N 16th ST

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) BURIAL (b) Date thereof 12-7-43
(c) Place: burial or cremation CALVARY CEMETERY

(c) Where did injury occur? _____
(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 _____

18. (a) Signature of funeral director Central Burial Co
(b) Address 1841 Cass Ave
19. (a) DEC 7 1943 (b) J. F. Prude
(Date received local registrar) (Registrar's signature)

23. Signature William J. Baird (M. D. number) _____
Address 1515 Lafayette Date signed 12/6/43

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.....

Albert S. Hopper, Registered Apprentice No. *1861*,
working under my personal supervision.

Signed *Albert S. Hopper*

Licensed Embalmer No. *1861*

P. O. Address.....

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.