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K36672

FILED FEB 1 1944

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **4100**

Registrar's No. **763**

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 \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **Ida Flower**  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Alfred Flower**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **June 4 1870**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**73 7 19** hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **Unknown**  
13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph Moose**  
(b) Address **5215A Highland Ave.**

17. (a) **Burial** (b) Date thereof **1-26-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Cem.**

18. (a) Signature of funeral director **Drehmann-Harral**

(b) Address **1905 Union Blvd.**

19. (a) **JAN 25 1944** (b) **J. F. Brudsh**  
(Date received local registrar) (Registrar's signature)

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. **5215A Highland Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **23**  
year **1944** hour **4** minute **A** M.

21. I hereby certify that I attended the deceased from **Oct. 21, 1942** to **Jan. 23, 1944**,  
that I last saw her alive on **Jan. 22, 1944**  
and that death occurred on the date and hour stated above.

Immediate cause of death **metastatic carcinoma** Duration **14 mos**

Due to **carcinoma of uterine** > yrs.

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

Other conditions (Include pregnancy within 3 months of death) **H8**

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Arthur S. Sinslow** (M. D. or other) **M.D.**  
Address **2202 University St.** Date signed **1/25/44**

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

2200 University  
12-2

**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.....

*Warren A. Carver*

Licensed Embalmer No. ....

*3534*

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.**