V. S. No. 2
0M—9-4-41
Rev. 5-17-39
P I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 21 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22988

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6162

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: Home 7963 Frederick St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether years, months or days) In this community 1 Yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louise (If outside city or town limits, write "RURAL")
(d) Street No. 7963 Frederick St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Flower
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Flower
6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased June (Month) 4 (Day) 1864 (Year)
8. AGE: Years 80 Months 1 Days 5 If less than one day hr. min.
9. Birthplace Evensville (City, town, or county) Inda, (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER 12. Name Unknown Heim
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace UnKnown (City, town, or county) (State or foreign country)
16. (a) Informant Pearl Boss
(b) Address 7963 Frederick St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery
18. (a) Signature of funeral director Friedrich F. Home
(b) Address 8319 Halls Ferry Rd.
19. (a) JUL 11 1944 (Date received local registrar) J. F. Budesch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th year 1944 hour 12 minute 30 P. M.
21. I hereby certify that I attended the deceased from April 15, 1944 to July 9, 1944 that I last saw her alive on July 6, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver — Duration 1 yr.
Due to not Known
Due to
Other conditions none (Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy none

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) none
(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 H. F. Miller (M. D.)
Address 8410 N Broadway St Louis Mo Date signed 7/10/44

(Licensed Embalmer's Statement on Reverse Side)

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 G. W. Wilkinson

Licensed Embalmer No. 35-75

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.