V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 1 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32282

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 9122

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis Missouri (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4121 W Kossuth 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 4121 W Kossuth (If rural, give location) 9
(e) Citizen of foreign country? No 0 10 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Isabelle Floyd
3. (b) If veteran name war Nil
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Emmett
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September (Month) 15 (Day) 1865 (Year)
8. AGE: Years 79 Months 1 Days 9 If less than one day hr. min. 0
9. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Joseph Frochly
13. Birthplace (City, town, or county) France (State or foreign country) 5
MOTHER
14. Maiden name Mary Mueller
15. Birthplace (City, town, or county) France (State or foreign country) 5
16. (a) Informant Joseph Floyd
(b) Address 4121 W Kossuth
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct (Month) 30 (Day) 1944 (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Guy Muller
(b) Address 5041 Delmar Blvd
19. (a) OCT 27 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24 year 1944 hour 8 minute 15 P.M.
21. I hereby certify that I attended the deceased from Jan - 1943 to Oct 24 1944 that I last saw her alive on Oct 24 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Organic Valvular Heart Lesion	2 yr
Due to:	
Due to: She had bronchitis bothering her	1 mo
Other conditions (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 J. W. Shaw (M. D. or other)
Address 2330 Union Date signed Oct 26 1944

(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 Howard F. Rowland Jr.

Licensed Embalmer No. 3114

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.