

S. No. 2
1-12-45
7-5-17-39
I X47070

FILED FEB 3 1947
318

Registration District No. _____ Primary Registration District No. **1003**

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

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:
Alexian Bro. Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County o ad
1617

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3529a Minnesota Ave.
(If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME FESTUS L. FLORIDA

3. (b) If veteran, name war _____

3. (c) Social Security No. 493-05-1412

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Zella

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 11 1888
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>2</u>	<u>10</u>	hr. _____ min. _____

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

10. Usual occupation Creditor Adj.

11. Industry or business Union Electric Co.

MOTHER FATHER

12. Name Alonzo K. Florida

13. Birthplace Newburne Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Lillie Stratton

15. Birthplace Piasa Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Gilbert Florida

(b) Address 3529a MINNESOTA AVE

17. (a) removal (b) Date thereof Jan 23 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jerseyville, Illinois

18. (a) Signature of funeral director C. Hoffmeister Colonial

(b) Address 6464 Chippewa St.

19. (a) JAN 22 1947 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 1947 hour 1 minute 15 AM.

21. I hereby certify that I attended the deceased from Aug 2, 1944
to 1-21, 1947
that I last saw him alive on 1-21, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion 1.02.

Due to Mitral Stenosis 3 yrs

Due to _____

Other conditions Arterio sclerosis 3 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 92

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? _____

Mort

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature F. J. Swelshby (M. D. or other) M.D.
20280 Jefferson Date signed 1-22-47

Dr. Frank Swexosky

2528 ² So Jefferson

2 To 4 PM

FEB 9 1947

FEB 19 1947

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..... *Louis C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address..... *7814 D Broadway*

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.