No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 5 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18825

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5279

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: 3954a Utah Avenue (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community 45 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County 100
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 17
(d) Street No. 3954a Utah Avenue (If rural, give location) 5
(e) Citizen of foreign country? No. (Yes or No) 16
If yes, name country —

3. (a) PRINT FULL NAME Eugene E. Flood
3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Inez
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased June (Month) 16, (Day) 1901 (Year)

8. AGE:

Years	Months	Days	If less than one day
45	11	10	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation Asst. Secretary
11. Industry or business Mutual Savings Life Ins. Co.
FATHER
12. Name Eugene Flood
13. Birthplace Worcester, (City, town, or county) Mass. (State or foreign country)
MOTHER
14. Maiden name Catherine Byrne
15. Birthplace St. Louis, (City, town, or county) Missouri. (State or foreign country)
16. (a) Informant Mrs. Inez Flood
(b) Address 3954a Utah Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director BEIDERWIEDEN F.H. INC.
(b) Address 1936 St. Louis Avenue
19. (a) MAY 27 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th year 1947 hour 6 minute 00 p.m.
21. I hereby certify that I attended the deceased from March 3, 1947, to May 26, 1947, that I last saw him alive on May 26, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma left lung.	4 mos?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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 Henry A. Hassell (M. D. ~~or coroner~~)
Address 607 N. Grand B Date signed 5-27-47

Jefferson City Printing Co. MAY 27 1947

(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.....Felix J. Krispin.....

Licensed Embalmer No.....3497.....

P. O. Address.....1936 St. Louis Ave.....

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.