

FILED AUG 8 1947

1003

Registrar's No. **2056**

Registration District No. **318**

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Missouri St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days-
In this community 74 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME John J. Flood
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race White
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Mathilda Yungblut
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased December 20, 1872
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business St. Louis Electrotpe Foundry

MOTHER FATHER

12. Name Paul Flood
13. Birthplace County Cork, Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Julia
15. Birthplace Dublin, Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Flood
(b) Address 5707 Dewey Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Our Redeemer Cemetery

18. (a) Signature of funeral director BEIDERWIEDEN F. H. INC.
(b) Address 1936 St. Louis Avenue

19. (a) JUL 30 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-0
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5707 Dewey Avenue (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 47 hour 12 minute 05 P.M.

21. I hereby certify that I attended the deceased from 10 June 1947, to 28 Jul 1947; that I last saw h.t.m. alive on 27 July 1947; and that death occurred on the date and hour stated above

Immediate cause of death Coronary artery heart disease & acute HEART FAILURE
Due to GENERALIZED Arteriosclerosis?

Due to Arterio sclerotic gangrene 6 wks of RIGHT FOOT.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____
PHYSICIAN 9 H W
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 Joseph Alvingman (M. D. or other) med
Address 5437 B. Ave Date signed 28 July

62-868-1
62-5485

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.....

.....
working under my personal supervision.

Signed..... *Glen W. Katz*.....
Registered Apprentice No.....

Licensed Embalmer No. *3737C*.....

P. O. Address..... *1956 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.