

7. S. No. 2
DOM-5-43
Rev. 5-17-39
I X36871

FILED SEP 15 1947

Registration District No. **318** Primary Registration District No. **10036076** Registrar's No. **1892**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town ST. LOUIS, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6141 GAMBLETON
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Wentzville
(If outside city or town limits, write "RURAL")

(d) Street No. 6141 Gambleton
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY FLOYD

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased DEC. 28 1868
(Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace RACINE WIS.
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

12. Name THOMAS FLOYD

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

14. Maiden name ELLEN BARRY

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

16. (a) Informant MD. Deegan

(b) Address 6141 GAMBLETON

17. (a) BURIAL (b) Date thereof 9 2 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 3320 N. Kingshighway

19. (a) AUG 30 1947 (b) _____
(Date received local registrar) (City, town, or county) (State or foreign country)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 29 year 1947 hour 3 minute 45 A. M.

21. I hereby certify that I attended the deceased from Nov. 15 1946 to Aug 28 1947
that I last saw her alive on Aug 28 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to arteriosclerosis

Due to Intestinal Colitis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations No Of autopsy No

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? _____

While at work? _____ (Specify type of place) _____
(c) Means of injury _____

23. Signature Rose Thimmie Rose (M. D. or other) _____
Address 5301 A. Easton Ave Date signed 8/28 1947

Munuel Roel
5301 Easton

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

Ronald Yahnke
3917

Licensed Embalmer No.

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.