S. No. 2
1—1/47
5-17-39

#12904
FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43022

FILED DEC 31 1947

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 11472

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: City Hospital #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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: 000
(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No.: 4021 Hartford St. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 5
If yes, name country

3. (a) PRINT FULL NAME: PATRICK FLOOD

3. (b) If veteran, name war: None

3. (c) Social Security No.:

4. Sex: Male 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widower 2

6. (b) Name of husband or wife: Late Charllot

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

7. Birth date of deceased: July (Month) 1 (Day) 1875 (Year)

8. AGE: Years 72 | Months 5 | Days 14 | If less than one day: hr. min.

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

10. Usual occupation: Shoeworker

11. Industry or business: Retired 20 Years

FATHER
12. Name: Paul P. Flood 4
13. Birthplace: Ireland (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name: Julia Carroll
15. Birthplace: Ireland (City, town, or county) (State or foreign country) 1

16. (a) Informant: Paul Flood
(b) Address: 4021 Hartford St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Kriegshauser Und. Co.
(b) Address: 4228 So. Kingshighway Bl.

19. (a) DEC 16 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 15th year: 1947 hour: 11 minute: 20 A.M.

21. I hereby certify that I attended the deceased from ..... 19..., to Dec. 15th 19 47 that I last saw him alive on Dec. 15th 19 47 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic heart disease	unknown
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: —
Of autopsy: aortic stenosis and arteriosclerotic heart disease

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: Frank F. Martin (M. D. or other)
Address: 1515 Lafayette Ave., Date signed: 12/15/47

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

Jefferson City Printing Co. (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 William B. White

Licensed Embalmer No. 4291

P. O. Address 422 Delaware Kings Highway

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.