

S. No. 2
M-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2514

FILED JAN 16 1948

Registrar's No. 48

Registration District No. 318

Primary Registration District No. 1002

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:
City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one day
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County St. Clair

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

(d) Street No. RR (If rural, give location)

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

3. (a) PRINT FULL NAME BARBARA FLOTA

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4th
year 1948 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex female 5. Color or race white

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

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

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

7. Birth date of deceased June 3, 1936
(Month) (Day) (Year)

Immediate cause of death hypertension Duration _____
Right side
diphtheria

8. AGE: Years Months Days If less than one day
11 7 1 _____ hr. _____ min.

Due to _____

Due to _____

9. Birthplace Mt. Vernon, Illinois
(City, town, or county) (State or foreign country)

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

10. Usual occupation student

11. Industry or business _____

12. Name Dwight Flota

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

14. Maiden name Wastina Poston

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

16. (a) Informant Mabel Payne

(b) Address 803 1/2 market St. Marion, Mo

17. (a) Burial (b) Date thereof Jan. 7, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Vernon, Ill

18. (a) Signature of funeral director W. F. Breeck

(b) Address Bellemeade, Ill

19. (a) JAN 5 1948 (b) J. F. Breeck
(Date received by local Registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy _____

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)

Means of injury 3

23. Signature W. F. Breeck (M. D. or other) _____
Address Bellemeade, Mo Date signed 1/5/48

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.....

Edgar A. Bullius....., Registered Apprentice No. *2846*
working under my personal supervision.

Signed..... *Edgar A. Bullius*

Licensed Embalmer No. *2846*

P. O. Address *Bellville Dec*

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.