S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 20 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 7219

Registrar's No. 1192

WRITE PLAINLY—USING 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: ST JOHNS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 DAYS (Specify whether years, months or days)
In this community 10 DAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State OHIO (b) County 999
(c) City or town TOLEDO 33
(If outside city or town limits, write "RURAL")
(d) Street No. 1970 CHASE 6
(If rural, give location) 2
UR
(e) Citizen of foreign country? (~~Yes~~ or No)
If yes, name country

3. (a) PRINT FULL NAME WOTRING, MRS GERTRUDE
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown
4. Sex F
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LEWIS
6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased July (Month) - 14 (Day) - 1918 (Year)

8. AGE: Years 29 | Months 6 | Days 19 | If less than one day ... hr. ... min.

9. Birthplace Toledo (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Leroy Flood
13. Birthplace Frankfort (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Gertrude
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Lewis Wotring
(b) Address Toledo, Ohio.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation Toledo, Ohio.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) FEB 4 1948 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 3 RD year 1948 hour 1 minute 35 P.M.
21. I hereby certify that I attended the deceased from JAN 24, 1948, to FEB 3, 1948, that I last saw her alive on FEB 3, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: BILATERAL BRONCHIECTASIS	6 YRS?
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations CONFIRMED ABOVE
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 James L Mudd (M. D., ~~or other~~)
Address 634 N GRAND Date signed 2/3/48
ST LOUIS 3 MO

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 Albert E. Hoppe

Licensed Embalmer No. 2971

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.