No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 8 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7332 / 0 /

Registration District No. 397

Primary Registration District No. 3070

Registrar's No. 526

1. PLACE OF DEATH:
(a) County ST LOUIS
(b) City or town WEBSTE GROVES (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 55 SYLVESTER AVE. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 36 YRS. RNOY years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST LOUIS
(c) City or town WEBSTER GROVES (If outside city or town limits, write "RURAL")
(d) Street No. 55 SYLVESTER AVE. (If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME MARY FLOURNOY
3. (b) If veteran, name war No
3. (c) Social Security No. NONE
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
7. Birth date of deceased NOV-14-1971 (Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace PADUCAH (City, town, or county) KENTUCKY (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business
FATHER
12. Name DAVID M. FLOURNOY
13. Birthplace POHATTEN Co. (City, town, or county) VIRGINIA (State or foreign country)
MOTHER
14. Maiden name CARRIE CAMPBELL
15. Birthplace PADUCAH (City, town, or county) KENTUCKY (State or foreign country)
16. (a) Informant CARRIE F. ELLIS
(b) Address 55 SYLVESTER AVE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB-25-1948 (Month) (Day) (Year)
(c) Place: burial or cremation BAKHILL CEM
18. (a) Signature of funeral director Parker Sund Co
(b) Address WEBSTER GROVES MO
19. (a) 2-25-48 (Date received local registrar) (b) Cecil A. Shorp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23 year 1948 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from ..... 1930 to Feb. 23 1948 that I last saw her alive on Feb. 23 1948 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
Coronary disease
Due to arteriosclerosis
Due to age
Other conditions (Include pregnancy within 3 months of death) 9 30

Duration

Major findings:
Of operations
Of autopsy none

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 Alexander Smith (M. D. ~~or other~~)
Address Webster Groves Mo Date signed 2-23-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

OCT 13 1949

21-22

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 Leslie Welsh

Licensed Embalmer No. 4395

P. O. Address Webster Groves Mo

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.