

FILED APR 3 1948 318  
Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Barnes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Life  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Thomas Florian  
3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Edna Florian  
6. (c) Age of husband or wife if alive  
7. Birth date of deceased November 11-1895  
(Month) (Day) (Year)

8. AGE: Years 52 Months 4 Days 10 If less than one day hr. min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Vincent Florian

12. Name St. Louis, Missouri  
(City, town, or county) (State or foreign country)

13. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Sloane

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

16. (a) Informant Mrs Edna Florian

(b) Address 4459 Russell Blvd

17. (a) Burial (b) Date thereof 3-24-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pacific, Missouri

18. (a) Signature of funeral director  
(b) Address 1926 Allen Avenue

19. (a) 1140-2-3-1948 (b) J. F. Bremer  
(Date received from registrars) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4459 Russell Boulevard  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21  
year 1948 hour 11 minute 35 A.M.

21. I hereby certify that I attended the deceased from March 6, 1948 to March 21, 1948  
that I last saw him alive on March 21, 1948  
and that death occurred on the date and hour stated above.  
Immediate cause of death Bronchiogenic carcinoma  
Duration

Due to  
Due to  
Other conditions (include pregnancy within 3 months of death)  
Major findings: Of operations  
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?  
While at work? (Specify type of place)  
(e) Means of injury  
Signature F. R. Bradley (M. D. or other)  
Address Barnes Hospital Date signed 3/21/48

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

MOTHER-FATHER

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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

*Benj. L. Duncan*  
.....  
Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.