

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3849**

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: **ST. JOHNS 0**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 MOS 2 DAS**  
(Specify whether years, months or days)

In this community **2 MOS 2 DAS**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **ILLINOIS** (b) County **MONROE 999**

(c) City or town **RURAL 11**  
(If outside city or town limits, write "RURAL")

(d) Street No. **R.R. ROAD DIST #8 0**  
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **FRED. C. FLOORKE**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **340-01-1622**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **26<sup>th</sup>** year **1948** hour **5** minute **P** M.

21. I hereby certify that I attended the deceased from **Feb 19** 19**48**, to **April 26<sup>th</sup>** 19**48**, and that death occurred on the date and hour stated above.

4. Sex **MALE**

5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **Mrs Margaret Floarke**

6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased **FEB 19 1886**  
(Month) (Day) (Year)

Immediate cause of death: **Carcinoma of Prostate Gland**

Due to: **Urinary**

Due to: **52**

Other conditions: (Include pregnancy within 3 months of death) **52**

Major findings: **Watersigmoid carcinoma**

Of operations: **Extensive metastases locally & in liver**

Of autopsy: **Extensive metastases locally & in liver**

8. AGE:	Years	Months	Days	If less than one day
	<b>62</b>	<b>2</b>	<b>2</b>	_____hr. _____min.

9. Birthplace **MONROE COUNTY ILLINOIS**  
(City, town, or county) (State or foreign country)

10. Usual occupation **QUARRY WORKER, FOREMAN**

11. Industry or business \_\_\_\_\_

12. Name **CHARLES FLOORKE**

13. Birthplace **GERMANY 4**  
(City, town, or county) (State or foreign country)

14. Maiden name **WISHELMINA KINGELBERG**

15. Birthplace **ILLINOIS 1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Margaret Floarke**  
(b) Address **Cherie du Pocher 211 9<sup>th</sup> St**

17. (a) **REMOVAL** (b) Date thereof **APRIL 23 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **WATERLOO ILL**

18. (a) Signature of funeral director **Emil Guenther**  
(b) Address **Waterloo Illinois**

19. (a) **APR 23 1948** (b) **J. F. Bredeen**  
(Date received local registrar) (Registrar's signature)

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 **Harry Landell** (M. D. or other)

Address **609 Humboldt Bldg** Date signed **4/23/48**

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

MOTHER FATHER

PHYSICIAN  
Underline the cause of which death should be charged statistically.

MAY 13 1948

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 me

..... Registered Apprentice No. ....

working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address St. Louis, 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.