No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 20 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17626

Registration District No. 318

Primary Registration District No.

Registrar's No. 4472

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

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

2. USUAL RESIDENCE OF DECEASED: 1009

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3638a ST. Louis Ave. 9
(If rural, give location)

(e) Citizen of foreign country? 11 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Flora Happe

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife John Happe

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

7. Birth date of deceased October (Month) 19 (Day) 1868 (Year)

8. AGE: Years 79 Months 6 Days 19 If less than one day hr. min.

9. Birthplace (City, town, or county) Kentucky (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jesse M. Mineere
13. Birthplace (City, town, or county) Kentucky (State or foreign country) 1

MOTHER
14. Maiden name Sarah Drake
15. Birthplace (City, town, or county) Kentucky (State or foreign country) 1

16. (a) Informant Mrs. Lincoln Evans
(b) Address 422 Pleasant St., Grand Ledge, Mich.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) MAY 12 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1948 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan. 1, 45, 19, to May 8, 1948, that I last saw him alive on May 8, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. myocarditis.	3 yrs.
Due to General Art. Sclerosis.	5 yrs.
Due to	
Other conditions Chr. Bronchitis. (Include pregnancy within 3 months of death)	5 yrs.

Major findings:
Of operations none 93
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 0

23. Signature Dr. L. H. Bock (M. D. ~~or other~~)
Address 1504 S. Grand Ave. Date signed 5/11/48.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 G. Hayden

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.