

FILED OCT 9 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute to City Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Enroute to City Hospital (Specify whether
years, months or days) Albert G. Flowers

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. 4105 Washington Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Albert G. Flowers
(b) If veteran, None name war. 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 29th
year 1948 hour 10:08 minute A. M.

4. Sex male 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 _____
7. Birth date of deceased. 7 - 4 - 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Duration _____

8. AGE: Years 59 Months 2 Days 25 If less than one day _____ hr. _____ min.

Chronic Myocarditis;
Coronary Occlusion;
Due to _____

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

Due to _____

10. Usual occupation. carpenter

Other conditions _____ (Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: _____
Of operations _____

12. Name unknown

13. Birthplace. " (City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Rev. Michael Majetta

(b) Address 4114 Washington Bl.

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

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Bill Campbell

(b) Address 4715 Lindell Blvd.

19. (a) OCT 1 1948 (b) J. F. Brasack
(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 _____

_____ (Specify type of place)

While at work? _____ (e) Means of injury 3

23. Signature Patrick E. Taylor

Address Deputy Coroner Date signed 10-1-48

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

MOTHER FATHER

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.....

Rex C Campbell

Licensed Embalmer No.....

3881

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.