

Registration District No. 318 Primary Registration District No. 100

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: Homer G Phillips Hospital  
(d) Length of stay: In hospital or institution 11 days  
In this community 22 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri  
(b) County  
(c) City or town St. Louis  
(d) Street No. 2824 Dayton  
(e) Citizen of foreign country? No

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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. day 14  
year 1948 hour 4 minute 10 p.m.

4. Sex Female  
5. Color or race Col.  
6. (a) Single, widowed, married, divorced  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive

21. I hereby certify that I attended the deceased from Nov. 4 to Nov. 14, 1948  
that I last saw her alive on Nov. 14, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic Heart Disease with Decompensation  
Duration: Undet.

8. AGE: Years 35 Months 4 Days 8

Due to...  
Due to...  
Other conditions: None  
Major findings: Of operations  
Of autopsy: None

9. Birthplace Jonesboro Ark. 1

10. Usual occupation unemployed

11. Industry or business

12. Name Carl Jachs

13. Birthplace Jonesboro Ark 1

14. Maiden name Ella B Smith

15. Birthplace Crittenden County Ark 1

16. (a) Informant Ella Jachs  
(b) Address 2824 a Dayton St

17. (a) Burial  
(b) Date thereof 11-18-48  
(c) Place: burial or cremation Father Dickson Cem.

18. (a) Signature of funeral director Ellis Funeral Home  
(b) Address 2820 Stoddard St

19. (a) NOV 16 1948  
(b) J. B. Kerster

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Oscar K Daniel  
Address 2601 N Whittier St. Date signed 11/15/48

WRITE PLAINLY—USE 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 Tullou E Culkari

Licensed Embalmer No. 4198

P. O. Address St Louis 13 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.**