

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 23 1949

State File No. 14428

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 607

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWNSHIP <u>Weston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Clair, Mo.</u>	
c. LENGTH OF STAY (In this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>6910 Robbins</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lottie</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Flora</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 12, 1949</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 8, 1888</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Days <u>10</u>	IF UNDER 24 HRS. Hours <u>4</u>	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>shoe worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>International</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>J. E. Lewis</u>	13b. MOTHER'S MAIDEN NAME <u>Methilda Whitworth</u>	14. NAME OF HUSBAND OR WIFE <u>Shelby Flora</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO. <u>493-24-2620</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Geo. Spradling</u>	ADDRESS <u>St. Clair, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u>		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Quinella Fibrillation</u>		
		DUE TO (c) <u>Arteriosclerotic Heart Disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4200</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Feb 28, 1949, to March 12, 1949, that I last saw the deceased alive on March 12, 1949, and that death occurred at 11:20 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph E. Conroy, MD</u>	23b. ADDRESS <u>906 Olive St</u>	23c. DATE SIGNED <u>3-15-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 15, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Ceme.</u>	24d. LOCATION (City, town, or county) (State) <u>Lonedell, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-10-49</u>	REGISTRAR'S SIGNATURE <u>Theresa Lunge MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Casey + Russell</u>	ADDRESS <u>St. Clair, Mo</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

APR 25 1949

SEP 15 1950

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *David Russell*

Licensed Embalmer No. *4520*

P. O. Address *St. Clair, md*

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.