

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38684**  
**9569**  
Registrar's No.

FILED NOV 21 1949

**318**

**1002**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. Louis</b>		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>1814 1/2 Carr.</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. Louis's Homer G. Phillips</b>					
3. NAME OF DECEASED (Type or Print) <b>Florence</b>		a. (First)	b. (Middle)	c. (Last) <b>Eldridge</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 2 1949</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>Col</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>May 14, 1887</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hour _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House work</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTH PLACE (State or foreign country) <b>Miss</b>	12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME <b>Pennie Barton</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Dorsey Eldridge</b> ADDRESS <b>2623 Baldwin</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH _____
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Tx of the left hip; Arteriosclerosis</b>			
		ANTECEDENT CAUSES <b>suffered when she was ill</b>			
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>at 1814 1/2 Carr. St. on June 24, 1949, at about 9:00 am</b>			
		DUE TO (c) <b>Accident</b>			
		II. OTHER SIGNIFICANT CONDITIONS <b>Accident</b>			
		Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo. 186</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>June 14 49 9:00</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>18</b>		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>1:25 P. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Alfred Perry Repert</b> (Degree or title) <b>Coroner</b>		23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>11/2/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov 7/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>	24d. LOCATION (City, town, or county) (State) <b>ST. Louis Mo</b>	
DATE REC'D BY LOCAL REG. <b>Nov 7 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Passton</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>F. G. Green</b> ADDRESS <b>4214 Delmar</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 1 1967

*Handwritten signature*

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 *F. A. Heer*

Licensed Embalmer No. *2963*

P. O. Address *4214 Delmar*

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.