

FILED MAR 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6075

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1503

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University city 4856	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosppt		d. STREET ADDRESS (If rural, give location) 6243 Olive Street Road	

3. NAME OF DECEASED: (Type or Print)	a. (First) Mary	b. (Middle)	c. (Last) Flowers	4. DATE OF DEATH (Month) (Day) (Year)
				Feb 12 1951

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Divorce	8. DATE OF BIRTH Feb 14 1871	9. AGE (In years) (Month) (Day) (Year) 79	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ireland 4	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Jerméas Leahy	13b. MOTHER'S MAIDEN NAME Mary Sullivan	14. NAME OF HUSBAND OR WIFE John Flowers Deo
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Bess Leahy	ADDRESS 5622 Delmar Ave
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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		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>	DUE TO (b) <u>coronary occlusion with myocardial infarction</u>		10 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>Hypertension w/pt kidney with metastasis to liver and brain. Hypertensive arterio sclerosis</u>		6-8 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u>heart disease, arteriosclerosis</u>		many years
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY PERFORMED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Dec 25, 1950, to Feb 12, 1951, that I last saw the deceased alive on Feb 12, 1951, and that death occurred at 5 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Jos. W. Clark</u> (Degree or title) 0 MD	23b. ADDRESS 520 W. 18th	23c. DATE SIGNED 2-13-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 15 1951	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
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DATE REC'D BY LOCAL REG. FEB 14 1951	REGISTRAR'S SIGNATURE <u>J. B. Karstedt</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont Ave
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Magldson
520 Westgate
5 to 7 P.M.

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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 *me*

working under my personal supervision.

Student Embalmer No.

Signed *[Signature]*

Signed.....
Student Embalmer

Licensed Embalmer No. *999*

P. O. Address *[Signature]*

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.