

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21603

BIRTH NO. 41178-51 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 2500

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond Heights</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Overland</b>	
c. LENGTH OF STAY (In this place) <b>1 Hr.</b>		d. STREET ADDRESS (If rural, give location) <b>3327 Marvin Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Marys Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>Infant Girl Flood</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>6/24/51</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	
8. DATE OF BIRTH <b>6/24/51</b>		9. AGE (In years last birthday) <b>1 Hr.</b>		10. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis County Mo.</b>	

13a. FATHER'S NAME <b>Robert H. Flood</b>		13b. MOTHER'S MAIDEN NAME <b>Helen Thompson</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, do, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Robert H. Flood</b> ADDRESS <b>3327 Marvin Ave.</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity (6 months)</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>776X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 June 24, 1951, to June 24, 1951, that I last saw the deceased alive on June 24, 1951, and that death occurred at 10:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. E. Sterling M.D.</b>		23b. ADDRESS <b>2050 North &amp; South Rd. St. Louis, Mo.</b>		23c. DATE SIGNED <b>6-25-51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/25/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mount Lebanon Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>	

DATE REC'D BY LOCAL REG. <b>6-25-51</b>		REGISTRAR'S SIGNATURE <b>Robert R. Ombke M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Collins Funeral Home</b> ADDRESS <b>10123 St. Charles Rd.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

*No Embalming*

Licensed Embalmer No. ....

P. O. Address.....

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.