

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 29 1951

BIRTH NO. _____		REG. DIST. NO. <u>3.7</u>		PRIMARY REG. DIST. NO. <u>3069</u>		Registrar's No. <u>4073</u>		
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>St Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Riverview MO</u>		c. LENGTH OF STAY (In this place) <u>4 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond HS MO</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at Home 1269 Moorland Dr</u>				d. STREET ADDRESS (If rural, give location) <u>1269 Moorland Dr</u>				
3. NAME OF DECEASED (Type or Print) <u>FLORENCE GENEVIEVE MABRY</u>			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>Dec 21-1951</u>		4. DATE OF DEATH (Month) (Day) (Year)		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept 11-1890</u>		9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>10</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St Louis MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Edw. J. Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Lostrand</u>		13c. NAME OF HUSBAND OR WIFE <u>Paul P. Mabry</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-24-6256</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Donald D. Mabry, 4945 Lindenwood Av., St. Louis, Mo.</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Myocarditis Chronic</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Dec 21-51</u> <u>Nov. 20-51</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>4201</u>				
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 <u>Nov</u> , 19 <u>51</u> , to <u>Dec 21</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Dec 20</u> , 19 <u>51</u> , and that death occurred at <u>9:15 P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Flintory Delancey</u> (Degree or title)				23b. ADDRESS <u>Richmond Hgts 17 Mo</u>		23c. DATE SIGNED <u>Dec 21-51</u>		
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 24-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis MO</u>		
DATE REC'D BY LOCAL REG. <u>12-23-51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Tomke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>1544 Rockledge</u>		ADDRESS <u>6536 Clayton Rd</u>		

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 me

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed John J. Penneby

Licensed Embalmer No. 4194

P. O. Address Blaine 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.