

STANDARD CERTIFICATE OF DEATH

9946

State File No.

Registrar's No. **2527**

No. 300
10-48

MAR 29 1952

BIRTH NO.

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. LENGTH OF STAY (in this place) **5 WKS**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Incarnate Word**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri**
b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** **2119**

d. STREET ADDRESS (If rural, give location) **3926 Cottage Ave.**

3. NAME OF DECEASED
(Type or Print) a. (First) **Nora B.** b. (Middle) **Elizabeth** c. (Last) **Flowers**

4. DATE OF DEATH (Month) (Day) (Year)
3 DEATH 13 16 52

5. SEX **F** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED.** **widowed**

8. DATE OF BIRTH **8-29-1891** **9. AGE** (In years) **60** **10. MONTHS** **13** **11. DAYS** **16** **12. HOURS** **52**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Shoe worker**

10b. KIND OF BUSINESS OR INDUSTRY **Valley Shoe Co**

11. BIRTHPLACE (State or foreign country) **Belle, Mo.**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **John E. Smith** **13b. MOTHER'S MAIDEN NAME** **Sarah Vaughn** **14. NAME OF HUSBAND OR WIFE** **Tom Flowers**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** **16. SOCIAL SECURITY NO.** **NO** **17. INFORMANT'S SIGNATURE OR NAME** **Leo Flowers, 1919 Arlington Ave.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma of sigmoid**

INTERVAL BETWEEN ONSET AND DEATH **unknown**

ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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** **20. AUTOPSY?** YES NO

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) **21e. INJURY OCCURRED WHILE AT WORK** **NOT WHILE AT WORK** **21f. HOW DID INJURY OCCUR?** **153X**

22. I hereby certify that I attended the deceased from 2-11, 1952, to 3-16, 1952, that I last saw the deceased alive on 3-17, 1952, and that death occurred at 1:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **23b. ADDRESS** **23c. DATE SIGNED** **3-17-52**

24a. BURIAL, CREMATION, REMOVAL **24b. DATE** **24c. NAME OF CEMETERY OR CREMATORY** **24d. LOCATION** (City, town, or county) (State)
removal 3-19-52 Valhalla St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. **MAR 17 1952** **REGISTRAR'S SIGNATURE** **25. FUNERAL DIRECTOR'S SIGNATURE** **Drehmann-Harral** **ADDRESS** **1905 Union Ave. St. Louis, Mo.**

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 Albert R. Thompson

Licensed Embalmer No. 4237

P. O. Address St. Louis

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.