

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36365

State File No.

S. No. 300
LV. 10.48

FILED NOV 12 1952

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|---|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) 2 years | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | d. STREET ADDRESS (If rural, give location) 16 3400 S. Grand Blvd. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of the Poor | | | | 3. NAME OF DECEASED a. (First) Nora b. (Middle) _____ c. (Last) Flood | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) Oct. 18 1952 | | 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | |
| 8. DATE OF BIRTH June 29, 1875 | | 9. AGE (In years last birthday) 77 | | IF UNDER 1 YEAR Days 3 Hours 19 | | IF UNDER 1 HR. Mins. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY At home | | 11. BIRTHPLACE (City and State or Foreign Country) 9 | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME James Narrvill | | | 13b. MOTHER'S MAIDEN NAME Nettie Brctiffle | | | 14. NAME OF HUSBAND OR WIFE Thomas Flood | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sister Henry 3400 S. Grand | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Ch. Myocarditis</i> ANTECEDENT CAUSES <i>Asterio Schemis</i> 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. | | | | INTERVAL BETWEEN ONSET AND DEATH 1 yr 2 yrs | |
| 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) | | 21f. HOW DID INJURY OCCUR? 4221 | |
| 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"/> | | 22. I hereby certify that I attended the deceased from June 10, 1952 , to Oct 18, 1952 , that I last saw the deceased alive on Oct 13, 1952 , and that death occurred at 9:45 A.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <i>Edward P. B...</i> | | | | 23b. ADDRESS <i>607 K...</i> | | 23c. DATE SIGNED 10/21 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 10/21/52 | | 24c. NAME OF CEMETERY OR CREMATORY Calvary | | 24d. LOCATION (City, town, or county) (State) St. Louis Mo | |
| DATE REC'D BY LOCAL REG. OCT 20 1952 | | REGISTRAR'S SIGNATURE <i>J. Carl Smith</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Gebken Sons 2630 Gravois | | | |

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 Robert J. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois

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.