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FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17841

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4590

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 town or town) St. Louis		c. LENGTH OF STAY (in this place) 60 yrs		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5742 Marquette Avenue				e. STREET ADDRESS (If rural, give location) 5742 Marquette Avenue 2149					
3. NAME OF DECEASED (Type or Print) a. (First) MATHILDA		b. (Middle) LOUISE		c. (Last) FLOOD		4. DATE OF DEATH (Month) (Day) (Year) May 9, 1956			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH May 30, 1879		9. AGE (In years) (In days) 76 yrs			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Household		11. BIRTHPLACE (City and State or Foreign Country) Red Bud, Illinois		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Frederick Yngblut			13b. MOTHER'S MAIDEN NAME Louise Uffelman			14. NAME OF HUSBAND OR WIFE John J. Flood			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 492-07-2903 E		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. James A. Flood, 5707 Dewey Avenue					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Infirmitate of old age 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 week 2 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.0				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)					
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 May 1, 1956 to May 9, 1956, that I last saw the deceased alive on May 8, 1956, and that death occurred at 7:20 pm., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Paul Kessler MD				23b. ADDRESS 5203 Chippewa		23c. DATE SIGNED 5/11/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-12-56	24c. NAME OF CEMETERY OR CREMATORY Our Redeemer Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.				
DATE REC'D BY LOCAL REG. MAY 11 1956		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F.R. INC., 1936 St. Louis Ave.					

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

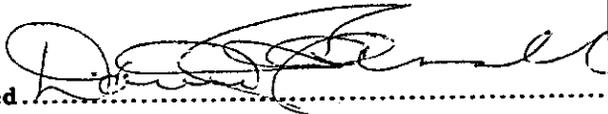
(Licensed Embalmer's Statement on Reverse Side)

PHONE - 1-1-2424  
Hours - 1-3 6-8  
Friday

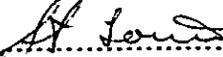
**STATEMENT BY LICENSED EMBALMER**

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed  \_\_\_\_\_

Licensed Embalmer No. 45

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.