

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28379**
6878

FILED SEP 7 1956

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** 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 St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN 4000 Robertson	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 48 Hrs.		STREET ADDRESS (If rural, give location) Rt. 2 Box 612	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Helen		b. (Middle) V.	
c. (Last) Flood		4. DATE OF DEATH (Month) (Day) (Year) July 23, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 21 1914
9. AGE (In years last birthday) 42		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 11 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and State or Foreign Country) Muskogee Oklahoma
12. CITIZENRY OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Albert Thompson		13b. MOTHER'S MAIDEN NAME Amenda Gurfory	
14. NAME OF HUSBAND OR WIFE Robert H. 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. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Robert H. Flood		ADDRESS Rt 2 Robertson Mo.	
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) Unknown ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Virus infection - Fever and unknown origin. 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 096.9	
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 July 14, 1956 , to July 23, 1956 , that I last saw the deceased alive on July 22, 1956 , and that death occurred at 2:45A m. , from the causes and on the date stated above.			
23a. SIGNATURE S. E. Pavol (Degree or title) M.D.		23b. ADDRESS 2573 Woodson Overland, M.D.	
23c. DATE SIGNED 7-23-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 26 1956	
24c. NAME OF CEMETERY OR CREMATORY Mount Lebanon Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE REC'D BY LOCAL REG. JUL 24 1956		REGISTRAR'S SIGNATURE Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Collier Mortuary		ADDRESS 10123 St, Charles Rd	

IMPRESSION COULD GIVE IN BETTER DRYING
 INK AND RECEIVED "POST"
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2573 Woodson.

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..... *Sheldon Collier*.....

Licensed Embalmer No. *338*

P. O. Address *10123 St. Ch*

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.