SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=61=022548
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6321

AMENDED

FILED JUL 13 1961

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis — Length of stay in 1b: Life

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St.John's Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis

c. CITY OR TOWN: Richmond Heights — Inside Limits: Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location): 7731 Brookline Terrace — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Agnes Middle Kickham Last Floodman

4. DATE OF DEATH: Month July Day 6th., Year 1961

5. SEX: F.

6. COLOR OR RACE: W.

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 8/30/1878

9. AGE (last birthday): 82 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): St.Louis,Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Michael Kickham

13b. MOTHER'S MAIDEN NAME: Ann Dwyer

14. NAME OF HUSBAND OR WIFE: William Floodman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs.Russell White, Address 7731 Brookline Terrace

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Carcinoma Metastatic of both lungs	6 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Carcinoma of Right Breast (Radical Mastectomy in 1954)	7 yrs.
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerotic Heart Disease 170 x

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION: COUNTY: STATE: July 5, 1961

21. I attended the deceased from March, 1961, to July 6, 1961 and last saw her/him alive on XXXXXXX
Death occurred at 7;30 am. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] Mucks, M.D.

22b. ADDRESS: 634 N. Grand Blvd.

22c. DATE SIGNED: 7/7/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 7/8/1961

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county) (State): St.Louis,Missouri

24. FUNERAL DIRECTOR: Arthur J. Donnelly — ADDRESS: 3840 Lindell Blvd.

25. DATE RECD. BY LOCAL REG.: JUL 7 1961

26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF | MEDICAL CERTIFICATION

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_____ Signed Francis Williams

Signature of Student Embalmer

Licensed Embalmer No. 356

P. O. Address 3840 L

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.