SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-042974

STATE FILE NUMBER

Registration District No. 318 ~~Primary Registration District No.~~ 1003 Registrar's No. 10733

FILED NOV 28 1961

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1047 Theobald Ave — 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 St. Louis, — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1047 Theobald Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Florence G. Middle Last Towers

4. DATE OF DEATH Month 11 Day 17 Year 61

5. SEX F.

6. COLOR OR RACE W.

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 3-11-1889

9. AGE (last birthday) 72 — 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, Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Mathew Durnin

13b. MOTHER'S MAIDEN NAME Margaret Coburn

14. NAME OF HUSBAND OR WIFE Albert J. Towers

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 Albert J. Towers Address 317 St. Eugene Lane

MEDICAL CERTIFICATION

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

IMMEDIATE CAUSE (a) Pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH 30 minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Thrombophlebitis, left femoral vein — 3 weeks

DUE TO (c) 463x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Essential hypertensive cardiovascular disease

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

21. I attended the deceased from October 31, 1961, to November 17, 1961 and last saw her/him alive on November 14, 1961
Death occurred at 5:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John T. Lawton, M.D.

22b. ADDRESS 634 N. Grand Blvd.

22c. DATE SIGNED Nov. 18, 1961

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

23b. DATE 11-20-61

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

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

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

25. DATE RECD. BY LOCAL REG. NOV 18 1961

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

DEC 26 1961

FEB 15 1962

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 Frances Willson

Licensed Embalmer No. 3565

P. O. Address 3840 Lind

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.