JAN 10 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

43291

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 11880

Township ..... Primary Registration District No. 1008 Registered No. .....

City St. Louis, Mo. (No. ....., City Sanitarium St. ..... Ward)

2. FULL NAME Josephine Flowers

(a) Residence, No. 1823 O'Fallon St. St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: George Flowers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 2, 1885.

7. AGE: Years 51 Months 3 Days 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dust Woman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Furniture Store
10. Date deceased last worked at this occupation, (month and year): Sept. 1935
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Illinois

FATHER

13. NAME: Joseph Carr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky.

MOTHER

15. MAIDEN NAME: Georgia Fletcher.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky.

17. INFORMANT (ADDRESS): A.C. Miller, M.D. 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Dec. 3, 1936

19. UNDERTAKER (ADDRESS): Arthur J. Donnelly Undt. Co. 3840 Lindell Blvd.

20. FILED DEC 2 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1936, to Nov 30, 1936

I last saw her alive on Nov 30, 1936 Death is said to have occurred on the date stated above, at 5:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis 1936x	

107a

Other contributory causes of importance:

Broncho-pneumonia	1936x
Senility	1936

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) A C Miller, M. D.

(Address) 5400 Arsenal

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.