

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

33087

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Mo. Registration District No. 791
 (b) Township St. Louis Mo. Primary Registration District No. 1003
 (c) City St. Louis Mo. (d) Street No. 1433 No. 9th St. Registered No. 9141
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Factus Florence

(a) Residence, No. 1433 N. 9th St. St. 25 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) —

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20 1937

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
8 Mo gest — — — — —

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

13. NAME Adam Florence

14. BIRTHPLACE (CITY OR TOWN) Texas (STATE OR COUNTRY)

15. MAIDEN NAME Myrtle Olden

16. BIRTHPLACE (CITY OR TOWN) Terre Haute (STATE OR COUNTRY)

17. INFORMANT Cygnus Dobay (ADDRESS) 1429 No 10th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis U. DATE 9-28-1937

19. FUNERAL DIRECTOR W. Richter (ADDRESS) 3500 Rutan St

20. FILED SEP 29 1937 19 St. Louis J. Brodeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20 1937

22. I HEREBY CERTIFY, That I attended deceased from —, 19—, to —, 19—. I last saw h. — alive on —, 19—. Death is said to have occurred on the date stated above, at 7:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Still born
Cause unknown
 Other contributory causes of importance: —

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? —
 If so, specify —
 (Signed) Alfred Perry M.D.
 (Address) 10 1/2 N. 1st St.

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.

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STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)