

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3002 Eads Ave. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community.....
years, months or days)

8. (a) PRINT FULL NAME Theresa Flori 460

3. (b) If veteran, name war..... 8. (c) Social Security No.....

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Aloysius 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Feb. 6 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 5 29 hr. min.

9. Birthplace St. Peters Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business.....

12. Name Ignatius Moescheros

13. Birthplace Alsace-Lorraine 7
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Alsace-Lorraine 7
(City, town, or county) (State or foreign country)

16. (a) Informant Oliver Flori

(b) Address 3002 Eads Ave.

17. (a) Burial (b) Date thereof Aug. 8, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S. S. Peter & Paul

18. (a) Signature of funeral director John J. Ziegenheim

(b) Address 7027 Gravois Ave.

19. (a) AUG 7 1940 (b) J. S. Bredeck
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3002 Eads Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5
year 1940 hour 2 minute 45 PM.

21. I hereby certify that I attended the deceased from 7/9 to 8/5, 1940,
that I last saw him alive on 8/5, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Chronic Arteritis

Due to Hypertension

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Morbidity: (a) Operative

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work..... (Specify type of work) (a) Manner of injury.....

23. Signature Otto C. Hansen (M. D. or other)

Address 3157 1/2 Park Ave Date signed 8/6/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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 this body is not embalmed, above space should be left blank.