

FILED APR 20 1942 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis.
(c) Name of hospital or institution: St. Lukes Hospital.
(d) Length of stay: In hospital or institution 2 Weeks.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Colorado. (b) County
(c) City or town Denver.
(d) Street No. 738 Pearl St.
(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Florence Josephine Symes.

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife John Foster. 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased March 4th. 1889

8. AGE: Years 53 Months 1 Days 6 If less than one day hr. min

9. Birthplace St. Louis. (City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business

12. Name Festus John Wade.
13. Birthplace Ireland.
14. Maiden name Katherine Kennedy.
15. Birthplace New Orleans, La.

16. (a) Informant Judge John Foster Symes.
(b) Address Denver, Colorado.

17. (a) Burial. (b) Date thereof April 11, 1942
(c) Place: burial or cremation Denver, Colorado.

18. (a) Signature of funeral director Arthur Donnelly
(b) Address 3840 Lindell St

19. (a) APR 11 1942 (b) J. P. Dudeck
(Date received and registered) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10th.
year 1942. hour 11. minute 21 P.M.

21. I hereby certify that I attended the deceased from Apr 10, 1942 to Apr 10, 1942
that I last saw her alive on Apr 10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia from Chronic Hepatitis due to Cholecystitis (chronic) Calculous.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 12/14

Duration

61205

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 place) (g) Means of injury 5

23. Signature J. P. Dudeck (M. D. or other) MD
Address St Louis, Mo Date signed 4-12-42

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

D-
W.H. Van Matre
3720 Mark
106

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 W.H. Van Matre
Licensed Embalmer No. 2825
P. O. Address 4340 Lafayette

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, fact should be so stated above.