

FILED DEC 11 1942 8

Registration District No. ....

Primary Registration District No. ....

1003

Registrar's No. ....

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:  
5348 A. Bancroft Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5348A Bancroft Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME John Harvey Affleck

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

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

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

7. Birth date of deceased..... (Month) (Day) (Year) 8 18 1854

8. AGE: Years Months Days If less than one day  
88 8 19 ..hr. ....min.

9. Birthplace Belleville, Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Retired Salesman

11. Industry or business.....

12. Name Unknown

13. Birthplace II (City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace II (City, town, or county) (State or foreign country)

16. (a) Informant Goldie Affleck

(b) Address 5348 A. Bancroft Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-42 (Month) (Day) (Year)

(c) Place: burial or cremation Bolivar, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd

19. (a) DEC 3 1942 (b) J. F. [Signature] (Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 2 year 1942 hour..... minute 9 P. M.

21. I hereby certify that I attended the deceased from..... 1935 to..... 12-2- 1942

that I last saw ~~the~~ him alive on..... 11-25-..... 1942 and that death occurred on the date and hour stated above.

Immediate cause of death..... Coronary occlusion Duration hrs

Due to..... arteriosclerosis

Due to..... senility

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

Major findings: Of operations.....

Of autopsy.....

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) (c) Means of injury.....

23. Signature Fabian J. [Signature] (M. D. or other) MD.

Address 3115 S. Grand Date signed 12-3-42

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

7291 11/31/19

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**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 G. W. Wilkinson  
Licensed Embalmer No. 3575

R. O. Address.....

**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.**