S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38711

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10466

1. PLACE OF DEATH:
(a) County: None
(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5700 Michigan
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether
In this community: About 25 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: None
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 5700 Michigan
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: None

3. (a) PRINT FULL NAME: Mary E. Florida
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: (Single)
6. (c) Age of husband or wife if alive: (Single) Years
7. Birth date of deceased: August (Month) 17, (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
63	3	28	hr. min.

9. Birthplace: New Bern (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: At home
11. Industry or business: —
FATHER
12. Name: Alonzo K. Florida
13. Birthplace: New Bern (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name: Nancy L. Stratton
15. Birthplace: Piasa (City, town, or county) Illinois (State or foreign country)
16. (a) Informant: Festus L. Florida
(b) Address: 5700 Michigan
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/18/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Bellefountaine Cem.
18. (a) Signature of funeral director: C. Hoffmeister U. & L. Co.
(b) Address: 6464 Chippewa Street
19. (a) DEC 15 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15th
year 1942 hour minute M.
21. I hereby certify that I attended the deceased from Several months, 19, to 12/15/42, 19
that I last saw her alive on 12/3/42, 19
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial disease heart	years
Due to: Infection in childhood?	
Due to:	
Other conditions: Hypertension (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none
Of autopsy: none

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): none
(b) Date of occurrence: —
(c) Where did injury occur? none (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) (e) Means of injury
23. Signature: Frank P. Gaunt (M. D. or other) M.D.
Address: 13 N. Gore, Webster Groves Mo Date signed: 12/15/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. Gaunt
203 W. Cedar W. G. Mo.

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 [signature], Registered Apprentice No. ....., working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 3472

P. O. Address 6A6A Chippewa

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.