S. No. 2
OM—5-42
v. 5-17-39
I X 2873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19571

FILED JUL 3 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5825

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: 4853 Page Blvd. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 96

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4853 Page Blvd.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ELIOT MOORE FLINT

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Catharine Smith Flint

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased 4 (Month) 12 (Day) 1864 (Year)

8. AGE: Years 79 Months 2 Days 13 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Silas B. Flint
13. Birthplace Athol (City, town, or county) Mass. / (State or foreign country)

MOTHER
14. Maiden name Sophia Louise
15. Birthplace Troy (City, town, or county) N. Y. / (State or foreign country)

16. (a) Informant Catharine Flint
(b) Address 4853 Page Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd.

19. (a) JUN 25 1943 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1943 hour 4 minute A M.

21. I hereby certify that I attended the deceased from June ~~1941~~ 1941, to June 25, 1943
that I last saw him alive on June 24, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	4 yrs
Due to	
Due to	
Other conditions Nephritis (Include pregnancy within 3 months of death)	2 yrs

Major findings:
Of operations —
Of autopsy no

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?
(Specify type of place)
While at work? — (e) Means of injury

23. Signature J S Homan 0 (M. D. ~~or other~~)
Address 4903 Delmar Date signed June 25/43

(Licensed Embalmer's Statement on Reverse Side)

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 Jos. E. McCullob

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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.