

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6-12-46
51726
State File No.

FILED JUN 318
Registration District No.

Primary Registration District No. **1003**

Registrar's No. **5105**

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5231 WASHINGTON
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days) 45 YRS

3. (a) PRINT FULL NAME OTIS FLOOD

3. (b) If veteran, name war. NO

3. (c) Social Security No. NR.

4. Sex MALE 5. Color or race COL.

6. (a) Single, widowed, married, divorced WIDOWED

6. (c) Age of husband or wife if alive 40 1/2 years (Day) (Year) 1875

7. Birth date of deceased 9 (Month) 1875 (Day) (Year)

8. AGE: Years Months Days If less than one day

ABT. 70 hr. min.

9. Birthplace BOWLING GREEN MO.
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

MOTHER FATHER { 12. Name SILAS FLOOD

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

14. Maiden name RUTH

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

16. (a) Informant Eddie Flood

(b) Address 906 Chestnut St. Quincy Ill

17. (a) ~~Burial, cremation, or removal~~ Date thereof 6-8-46
(Month) (Day) (Year)

(c) Place: burial or cremation Quincy Ill

18. (a) Signature of funeral director Bennett & Co

(b) Address 3103 N. Washington

19. (a) JUN 7 1946 (Date received local registrar)

J. B. Reed (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis

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

(d) Street No. 5231 REAR WASHINGTON
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 2, year 1946 hour 11 minute 59 M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19....., and that death occurred on the date and hour stated above.

Immediate cause of death.....

Cervical Strabismus

Due to.....

Due to.....

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)

(e) Means of injury.....

23. Signature Patrick E. Taylor (M. D. or other)

Address Deputy Coroner Date signed 6-7-46

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

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..... *H. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address. *4575 Aldine*

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.