No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6270

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2136

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:
St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
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. 1528 O.Bear Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Johann F. B. Flor

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

3. (c) Social Security No. None

4. Sex Male

5. Color or race W.

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

6. (b) Name of husband or wife Alvina

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

7. Birth date of deceased July (Month) 21 (Day) 1871 (Year)

8. AGE: Years 75 Months 6 Days 26 If less than one day hr. min.

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

10. Usual occupation Packer

11. Industry or business Commercial

FATHER
12. Name D. K. Flor
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alvina Steinbeck
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Amanda McIntyre

(b) Address 3745 Lindell Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/47 (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Provost Mortuary

(b) Address 3710 N. Grand Avenue

19. (a) Mar 3 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27 year 1947 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from 2-3, 1947, to 2-27-47, 19 ; that I last saw him alive on 2-27-, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Due to Benign Prostatic Hypertrophy	3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations as above

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Robert Hickey (M.D. or other)

Address 634 No Grand Av Date signed 3/7/47

(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 V. E. Morris

Licensed Embalmer No. 3360

P. 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.