

FILED FEB 24 1947

6271

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1455**

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:
5470 Vera Ave. /
(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)

3. (a) PRINT FULL NAME Fred Flora

3. (b) If veteran, name war _____
 3. (c) Social Security No. 493-05-1639

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

6. (b) Name of husband or wife Florence Zapp 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased December 25, 1885
(Month) (Day) (Year)

8. AGE: Years 61 Months 1 Days 26 If less than one day 29
hr. min.

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

10. Usual occupation Splicer (Union Electric)

MOTHER FATHER

12. Name Wesley Flora

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

14. Maiden name Emma Claus

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

16. (a) Informant Florence Flora

(b) Address 5470 Vera Ave.

17. (a) Burial (b) Date thereof Feb. 14 '47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mascoutah, Ill.

18. (a) Signature of funeral director Bromschwig and Son Funeral Home

(b) Address 4746 W. Florissant Ave.

19. (a) FEB 13 1947 (b) J. F. Breddick
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 7800
 (c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
 (d) Street No. 5470 Vera Ave. 9
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) 0
 If yes, name country --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 11
 year 1947 hour 4:00 minute A.M.

21. I hereby certify that I attended the deceased from APR 22, 1946 to FEB 11, 1947
 that I last saw him alive on FEB 10, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Myocarditis

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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 John G. McJannet (M. D. or other) MD

Address 5014 Shickla Av Date signed 2/12/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

5014 Thekla
Dr. M. Lawrence

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 *John S. Penney*
Licensed Embalmer No. *4194*
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.