

S. No. 2  
-12-45  
5-17-39  
PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 24 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10825**  
Registrar's No. **2456**

Registration District No. **318** Primary Registration District No. **1003**

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:  
**5006a Thekla 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)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **ooo**  
(c) City or town. **St. Louis** **717**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5006a Thekla Ave.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No) **o**  
If yes, name country.....

3. (a) PRINT FULL NAME **Eugene B. Flood**  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Mar.** day **7**  
year **1947** hour **1:30** minute **A** M.  
21. I hereby certify that I attended the deceased from **May 1**, 19**41** to **Mar 7**, 19**47**  
that I last saw him alive on **Mar 6**, 19**47**  
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Margaret Mulcahy Flood**  
6. (c) Age of husband or wife if alive **60** years  
7. Birth date of deceased **August 27 1882**  
(Month) (Day) (Year)

Immediate cause of death **Cerebral embolus** Duration **3da.**  
Due to.....  
Due to.....  
Other conditions **Chronic myocarditis** ?  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
**64 6 10** hr. min.

Major findings:  
Of operations.....  
Of autopsy.....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

9. Birthplace **Montgomery Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Tavern Owner**

11. Industry or business.....  
12. Name **Bernard Flood**  
13. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Cummins**  
15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Margaret Flood**  
(b) Address **5006a Thekla Ave.**

17. (a) **Burial** (b) Date thereof **3/10/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Stroot-Carroll**  
(b) Address **4600 Natural Bridge Ave.**

19. (a) **MAR 10 1947** (b) **J. F. Bredbeck**  
(Date received local registrar) (Registrar's signature)

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. M. Sumney** (M. D. or other) **MD.**  
Address **5014 Thekla Av** Date signed **3/7/47**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

2456

**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.....

*Ben Hoffman*

Licensed Embalmer No.....

4366

P. O. Address.....

*James, Mo*

**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.**