

No. 2  
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X47070

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19551

Registration District No. 317

Primary Registration District No. 3063

State File No. \_\_\_\_\_

Registrar's No. 1084

1. PLACE OF DEATH:

(a) County St. Louis County  
(b) City or town CLAYTON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 39 Hrs. 30 Min.  
In this community: (Parents) 24 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME BABY GIRL FLINT

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: FEB. 25 1947  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 1 If less than one day 15 hr. 30 min.

9. Birthplace CLAYTON - Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name MILTON FLINT

13. Birthplace SAPPINGTON MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name VIOLET RICHTER

15. Birthplace SAPPINGTON MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant FRIEDA RICHTER

(b) Address Rt. 6, Box 360, SAPPINGTON MO

17. (a) \_\_\_\_\_ (b) Date thereof 5-20-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) ~~Burial~~ or cremation City crematory

18. (a) Signature of funeral director Joe Ryan

(b) Address 5800 W. Grand

19. (a) 5-29-47 (b) Benjamin Sappington  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis Co. 96  
(c) City or town SAPPINGTON (PARENTS) 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rt. 6 Box 360 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 1  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 27  
year 1947 hour 2 minute 27 M.

21. I hereby certify that I attended the deceased from FEB. 25, 1947, to FEB. 27, 1947, that I last saw her alive on FEB. 27, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure

Due to prematurity  
Due to 159

Other conditions 2  
(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 0

23. Signature Wm. C. Citchell (M. D. or D. O.)  
Address 601 BREEMWOOD BLVD. CLAYTON Date signed 2/28

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**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.....

Licensed Embalmer No.....

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.**