S. No. 2
M—1/47
7. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 24 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35719

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9501

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 DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Hours (Specify whether years, months or days)
In this community

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 1514 John Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alvina Flowers (Kwiatkowski)
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, divorced Widow
6. (b) Name of husband or wife John Flowers
6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased March 28, 1876 (Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 13 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
10. Usual occupation At home
11. Industry or business
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant Miss Josephine Flowers
(b) Address 1514 John Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/15/47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Math Hermann & Son, Inc.
(b) Address 2161 East Fair Ave
19. (a) OCT 14 1947 (Date received local registrar) (b) J. F. Bracek (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 11th year 1947 hour 2:00 P.M. minute M.
21. I hereby certify that I attended the deceased from Oct 8 1947 to Oct 11 1947 that I last saw her alive on Oct. 11 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 Henry C Westerman (M. D. or other) MD
Address 2136 East Grand Ave Date signed 10-13-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

CONTINUED FATHER
Carl Kwiatkowski
Poland

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 Wilford G Burnley

Licensed Embalmer No. 4202

P. O. Address St Louis 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.

BC

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. [illegible]
Local Registrar's No. 9501

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death
for Alvina Flowers (Kwiatkowski) died/born 10-11, 1947, in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 3 should read Alvina Flowers (Kwiatkowski)
Instead of Alvina "
Item No. 6 should read John Flowers (Kwiatkowski)
Instead of " "
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Wilford G Beenley Fun. Direc
Relationship.

2161 East Fair Ave
Present Address.

Subscribed and sworn to before me this 14 day of Nov., 1947.

My Commission expires 3-4-49. Ella C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667