

Registration District No. 317

Primary Registration District No. 2002

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7369 Pershing Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 67 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7369 Pershing Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Patrick Flood

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

4. Sex M.O 5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ella Flood
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased March 17, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 7 14 hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name John Flood

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

14. Maiden name Susan Smith

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

16. (a) Informant Rev. John P. Flood

(b) Address 6052 Waterman

17. (a) Burial (b) Date thereof 11-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Rudell Blvd

19. (a) 11-3-47 (b) Benjamin J. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 31
year 1947 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct. 30
1947 to Oct. 31, 1947
that I last saw him alive on Oct. 31, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Central Hemorrhage
central art. sclerosis.
Due to 83

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
3. Signature W. B. ... (M. D. or other)
Address Memphis Tenn. Date signed 11/21/47

Duration 2 days
PHYSICIAN
Underline the cause of which death should be charged statistically.

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

JAN 27 1968

RL
JAN 27 1968

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Linnaea

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.