

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

FILED AUG 13 1948

Registration District No. **317** Primary Registration District No. **3069**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Mary's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days) (Specify whether

In this community.....

3. (a) PRINT FULL NAME Infant Florence

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

4. Sex Male 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 July 26, 1948  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
12 hr. 30 min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name William Frank Florence

13. Birthplace East St. Louis, Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Rongnasnick

15. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant William Frank Florence  
(b) Address 7436 Lyndover Ave.

17. (a) Burial (b) Date thereof 7 30 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Jay B. Smith  
(b) Address 7456 Manchester Rd.

19. (a) 7-27-48 (b) Beulah J. Haynes  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Maplewood  
(If outside city or town limits, write "RURAL")

(d) Street No. 7436 Lyndover Ave.  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th  
year 1948 hour 6:00 minute 00 P.M.

21. I hereby certify that I attended the deceased from July 26 to July 27, 1948  
that I last saw him alive on July 26th, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Premature  
incompatibility  
Due to life  
maternal; Premature 3 hrs.  
Due to Separation placenta  
Other conditions 59  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
Of operations.....  
Of autopsy.....  
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 no

23. Signature Haynes (M. D. or other) no  
Address 2516 Sutter Ave Date signed 7/27/48

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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

*Ronald A. Grabmke*

Licensed Embalmer No

*3917*

P. O. Address

*St Louis*

**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.**