

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3257

State File No.

FILED FEB 10 1950

REGISTRAR'S No. 00069

BIRTH NO. _____		REG. DIST. NO. <u>1317</u>		PRIMARY REG. DIST. NO. <u>3066</u>		REGISTRAR'S No. 00069		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkwood</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>2199</u>		
c. LENGTH OF STAY (in this place) <u>2 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>4510 Lindell Blvd.</u>		1		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Agnes Home 10301 Manchester</u>								
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH					
a. (First) <u>Rose Floodman</u>		b. (Middle)		c. (Last)		Date (Month) (Day) (Year) <u>Jan. 6, 1950</u>		
5. SEX <u>F.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Unknown 1887</u>		
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		IF UNDER 4 HRS. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper-Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>			11. BIRTHPLACE (State or foreign country) <u>Ireland 4</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>			13a. FATHER'S NAME <u>Cornelius Looney</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Connelly</u>		14. NAME OF HUSBAND OR WIFE <u>Albert L. Floodman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dan Looney 4066a St. Louis Ave.</u>				
18. CAUSE OF DEATH								
Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>Hemorrhage from Cerebral Artery</u>				<u>2 hours</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS				Uncertain		
DUE TO (a) <u>Hypertensive Vascular Disease</u>		DUE TO (b)				DUE TO (c)		
DUE TO (c)		Conditions contributing to the death but not related to the disease or condition causing death.				331X		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
<u>447X</u>								
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Feb. 26, 1949</u> , to <u>Jan. 6, 1950</u> , that I last saw the deceased alive on <u>Jan. 6, 1950</u> , and that death occurred at <u>10:20P m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>G. O. Brown D. M.D.</u>				23b. ADDRESS <u>1325 S. Grand Blvd. St. Louis 4 Mo.</u>		23c. DATE SIGNED <u>1/7/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-10-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-9-50</u>		REGISTRAR'S SIGNATURE <u>Robert Palomby</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u>		ADDRESS <u>3840 Lindell Blvd</u>		

4003
4

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

Dr. Brown
Doyle Hoopland
1130-2308

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.