

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 21512
4143
Registrar's No. 5413

BIRTH NO. _____		REG. DIST. NO. 314		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5413	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>ST. CLAIR</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS, MO</u>		c. LENGTH OF STAY (In this place) <u>2 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>BELLEVILLE 0430</u>		812	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JEWISH HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>R.R. #1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SELMA</u>		b. (Middle) _____		c. (Last) <u>FLOWERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 18, 1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB. 29, 1896</u>		9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>WM. WERNER</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISE KROPP</u>		14. NAME OF HUSBAND OR WIFE <u>ELLSWORTH FLOWERS</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ellsworth Flowers</u> ADDRESS <u>BELLEVILLE, ILL</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute leukemia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>20H13</u>			
22. I hereby certify that I attended the deceased from <u>5/27, 1950</u> , to <u>6/18, 1950</u> , that I last saw the deceased alive on <u>6/18/50</u> , 19 <u>50</u> , and that death occurred at <u>12:05 AM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Elisid Lipsitz M.D.</u> (Degree or title)				23b. ADDRESS <u>St. Louis Jewish Hospital</u>		23c. DATE SIGNED <u>6/18/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 21, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. EVERGREEN</u>		24d. LOCATION (City, town, or county) (State) <u>MILLSTAP, ILL</u>	
DATE REC'D BY LOCAL REG. <u>JUN 21 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Kosatka</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin B. Pullman</u> ADDRESS <u>Belleville, Ill</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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

Fugil A. Bergman
Licensed Embalmer No. *3697*
P. O. Address *Bellville, Ill.*

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.