

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24783
6839
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. <u>1003</u>		Registrar's No.			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>1 week</u>		c. CITY OR TOWN <u>St. Louis</u>		<u>2179</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>17 2338^o Arkansas Ave</u>					
3. NAME OF DECEASED (Type or Print) <u>Flossie</u>		a. (First)		b. (Middle) <u>MAE</u>		c. (Last) <u>GARNER</u>			
4. DATE OF DEATH		(Month) <u>July</u>		(Day) <u>22</u>		(Year) <u>1950</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>Jan. 2, 1900</u>			
9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR Months <u>6</u>		IF UNDER 24 HRS. Days <u>20</u>		Hours _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Sims, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <u>Fred M. Loppin</u>		13b. MOTHER'S MAIDEN NAME <u>Amy Talbert</u>		14. NAME OF HUSBAND OR WIFE <u>Benthal</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>B.E. Garner</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Convulsions</u> INTERVAL BETWEEN ONSET AND DEATH <u>24 Hrs</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Ca B Cervix uteri</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>				19. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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>171X</u>					
22. I hereby certify that I attended the deceased from <u>10-10, 1947</u> to <u>7-22, 1950</u> , that I last saw the deceased alive on <u>7-22, 1950</u> , and that death occurred at <u>6:15 pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>William W. Foley MD</u>				(Degree or title)		23b. ADDRESS <u>36850 General</u>			
23c. DATE SIGNED <u>7-24-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-25-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope</u>			
24d. LOCATION (City, town, or county) _____		(State) <u>MO</u>							
DATE REC'D BY LOCAL REG. OFFICE <u>JUL 25 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Suster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Funeral Home</u>					
ADDRESS <u>2301 Lafayette</u>									

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

Mr. H. M. Parley
3208 So. Grand Bl.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

L. R. Cooper

Signed.....

Student Embalmer

Licensed Embalmer No. *5633*

P. O. Address *2301 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.