

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17986

State File No. 4230
Registrar's No. 4230

No. 300
10-48

FILED MAY 19 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

3

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE - Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) D.O.A.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital, D.O.A.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2099	
		d. STREET ADDRESS (If rural, give location) 2012 Alice Avenue 6	
3. NAME OF DECEASED (Type or Print) a. (First) Orval b. (Middle) O. c. (Last) Flowers			4. DATE OF DEATH (Month) (Day) (Year) May 4, 1952.
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH January 19, 1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lead Man		10b. KIND OF BUSINESS OR INDUSTRY Mississippi Glass	9. AGE (In years last birthday) 49
13a. FATHER'S NAME Mr. Sam Flowers		13b. MOTHER'S MAIDEN NAME Mary A. Green	11. BIRTHPLACE (State or foreign country) Missouri U
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY NO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
17. INFORMANT'S SIGNATURE OR NAME Mrs. Jane Flowers, 2012 Alice Avenue.		ADDRESS	
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) <i>Acute myocardial infarction</i> / <i>1 hour</i> 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 type="checkbox"/> NO <input checked="" 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? 4201			
22. I hereby certify that I attended the deceased from <i>Crescent</i> , 1950, to <i>Dec</i> , 1957, that I last saw the deceased alive on <i>Dec 24</i> , 1957, and that death occurred at <i>12:15A</i> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Donald E. Kelker MD</i>		23b. ADDRESS <i>2121 N. Grand St. Louis 3, Mo.</i>	
23c. DATE SIGNED <i>5/5/52</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4		24b. DATE 5-6-1952	
24c. NAME OF CEMETERY OR CREMATORY North Antioch Cemetery		24d. LOCATION (City, town, or county) (State) Bloomfield, Mo.	
DATE REC'D BY LOCAL REGISTRY MAY 6 1952		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son Inc. 2161 E. Fair Ave.	

(Licensed Embalmer's Statement on Reverse Side)

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 Richard V Burnby
Licensed Embalmer No. 4207
P. O. Address St Louis Mo

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.