

STANDARD CERTIFICATE OF DEATH

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

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Richmond Hts.
 c. LENGTH OF STAY (In this place) 2 1/2 days
 d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Mo. b. COUNTY St. Louis
 c. CITY OR TOWN Rock Hill d. Is Residence within limits of a city or incorporated town? Yes No
 e. STREET ADDRESS (If rural, give location) 2601 Bremerton Rd.

3. NAME OF DECEASED
 a. (First) Annie b. (Middle) Ruth c. (Last) Flora

4. DATE OF DEATH (Month) (Day) (Year)
July 9, 1954

5. SEX F 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH Dec. 7, 1893 9. AGE (In years last birthday) 60 IF UNDER 1 YEAR Months 7 DAYS 2 IF UNDER 24 HRS. Hours 2 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry Work 10b. KIND OF BUSINESS OR INDUSTRY Dukes Laundry 11. BIRTHPLACE (City and State or Foreign Country) Model, Tennessee 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME West Blane 13b. MOTHER'S MAIDEN NAME Sallie Hutchison 14. NAME OF HUSBAND OR WIFE Wm. P. Flora

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. 494-22889 17. INFORMANT'S SIGNATURE OR NAME Wm. P. Flora 18. BIRTHPLACE ADDRESS 2601 Brentwood Rd.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia terminal from nephrosclerosis INTERVAL BETWEEN ONSET AND DEATH 3 months
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardio-vascular renal disease 3 yrs 6 mo.
 DUE TO (c) Arteriosclerosis general more than 5 yrs
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus more than 5 yrs

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) 442 X (COUNTY) _____ (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan 23, 1951, to July 9, 1954, that I last saw the deceased alive on July 9, 1954, and that death occurred at 12:25 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) CH Bockelman M.D. 23b. ADDRESS 2615 Brentwood Blvd 23c. DATE SIGNED 7/9/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7-11-54 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. 7/10/54 REGISTRAR'S SIGNATURE Rebecca S. Smith 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Bopp Inc. Kirkwood, Mo.
 (Licensed Embalmer, See permit 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.....
Signature of Student Embalmer

Signed *Ronald O Yachuk*.....

Licensed Embalmer No. *39*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.