

FILED JAN 27 1955

## STANDARD CERTIFICATE OF DEATH

44220  
State File No. 2975

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>544</u>		Registrar's No. <u>2975</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>St. Louis</b>		c. LENGTH OF STAY (If this place) <b>5 days</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>St. Louis</b>	
b. CITY OR TOWN <b>Kirkwood</b>				c. CITY OR TOWN <b>Kirkwood</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>410 E. Adams Ave.</b>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <b>FLORENCE</b>	b. (Middle) <b>C.</b>	c. (Last) <b>AID</b>	Month <b>Dec.</b>	Day <b>23</b>	Year <b>1954</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 19, 1875</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months <b>6</b>	IF UNDER 1 YEAR Days <b>19</b>	IF UNDER 1 HRS. Hours <b>1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>OWEN SOUND, Ontario, Canada</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>James Carbet</b>		13b. MOTHER'S MAIDEN NAME <b>Isabelle Lee</b>		14. NAME OF HUSBAND OR WIFE <b>Clarence P. Aid</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Clarence P. Aid, Kirkwood, Mo.</b>				
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					INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia, viral</b>						
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>unknown</b>						
	DUE TO (c) <b>unknown</b>						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Myocardial infarction</b>					<b>7 yrs.?</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>492X</b>						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) (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 <b>17 March, 1947</b> , to <b>23 Dec., 1954</b> , that I last saw the deceased alive on <b>23 Dec., 1954</b> , and that death occurred at <b>12:35 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>[Signature]</b>				23b. ADDRESS <b>9929 Grandchester Rd, Kirkwood, Mo.</b>		23c. DATE SIGNED <b>12-23-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>12/26/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Owen Sound Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Owen Sound, Ont. Canada</b>			
DATE REC'D BY LOCAL REG. <b>12-25-54</b>		REGISTRAR'S SIGNATURE <b>Hubert R. Donke, M.D., Louis St. Bopp, Inc. Kirkwood</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>[Address]</b>			

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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Richard H. Bopp*.....

Licensed Embalmer No. *304*.....

P. O. Address *Clayton, Tenn.*.....

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.