

RECEIVED JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 43027
117

Registration District No. 318 Primary Registration District No. 1003

Registrar's Name

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis Mo.</i>		c. CITY OR TOWN <i>St. Louis</i>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>4987 Plover</i>		d. STREET ADDRESS (If outside, give location) <i>4987 Plover</i>	
Length of stay in 1b <i>2079</i>		Reside on Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <i>THOMAS (Kwiatkowski) FLOWERS</i>			4. DATE OF DEATH <i>12-22-56</i>			
First Middle Last			Month Day Year			

5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Apr. 27 1878</i>	9. AGE (In years last birthday) <i>78</i>	IF UNDER 1 YEAR	IF UNDER 24 H
				Months	Days	Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Sheet Metal Worker</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Pennsylvania</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13. FATHER'S NAME <i>Frank Flowers</i>	14. MOTHER'S MAIDEN NAME <i>Unknown</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> (If yes, give war or dates of service) <i>NONE</i>	16. SOCIAL SECURITY NO. <i>493-10-256</i>	17. INFORMANT <i>Mr. R. R. Flowers</i> Address <i>3833 Wilmington</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>chronic myocarditis</i>		<i>6 MO.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>422.2</i>
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20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21. I attended the deceased from <i>10-24-56</i> to <i>12-22-56</i> and last saw <i>him</i> alive on <i>12-15-56</i> Death occurred at <i>6 PM.</i> m on the date stated above; and to the best of my knowledge, from the causes stated
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22a. SIGNATURE (Degree or title) <i>H. W. Knapp M.D.</i>	22b. ADDRESS <i>4991 Thrush ave</i>	22c. DATE SIGNED <i>12/24/56</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>12-26-56</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>
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24. FUNERAL DIRECTOR ADDRESS <i>JOHN STYGAR & SON = 5541 RIVERVIEW BLVD.</i>	25. DATE RECD. BY LOCAL REG. <i>DEC 24 1956</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. M. Ruster*.....
Licensed Embalmer No. 39

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.