

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **44951**

FILED JAN 17 1957

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **580** Registrar's No. **2922**

1. PLACE OF DEATH a. COUNTY ST. LOUIS,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY DNA	
b. CITY (If outside corporate limits, write RURAL and give township) JEFF. BRKS., MO.		c. LENGTH OF STAY (in this place) 150	c. CITY OR TOWN ST. LOUIS 21
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMIN. HOSPITAL		e. STREET ADDRESS (If rural, give location) 2131 1/2 MARKET ST.,	
3. NAME OF DECEASED (Type or Print) a. (First) ELIJAH		b. (Middle) (NMI)	c. (Last) FLOWERS
4. DATE OF DEATH (Month) (Day) (Year) 12-6-56		5. SEX MALE 6. COLOR OR RACE COLORED	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 8-27-88	
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	
11. BIRTHPLACE (City and State or Foreign Country) BRISCOE, ARKANSAS		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME SAM JOE FLOWERS		13b. MOTHER'S MAIDEN NAME MARY (MAIDEN NAME UNK.)	
14. NAME OF HUSBAND OR WIFE GUSSIE FLOWERS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI	
16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF. BKS., MO.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) CEREBRAL THROMBOSIS	
DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 11 yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NEPHROSCLEROSIS, ARTERIOSCLEROTIC		10 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? NO		4200	
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) VA	
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 11-8-56 , 19 56 , to 12-6-56 , 19 56 , and that death occurred at 10:08A m., from the causes and on the date stated above.			
23a. SIGNATURE A. L. Henry Cooney		23b. ADDRESS (Degree or title) M.D. VAH, JEFF. BKS., MO.	
23c. DATE SIGNED 12-6-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE Dec. 14, 1956		24c. NAME OF CEMETERY OR CREMATORY Jefferson Barracks	
24d. LOCATION (City, town, or county) (State) ST. Louis county, MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS English Undert. Co. 1123 1/2 Taylor	
DATE REC'D BY LOCAL REG. 12-10-56		REGISTRAR'S SIGNATURE Herbert B. Donahue	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Wallace B. Williams, Student Embalmer No. 177

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wallace B. Williams

Licensed Embalmer No. 490

P. O. Address 4554 Levee

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.