

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 9 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. **1791**  
 Township ..... Primary Registration District No. **1003**  
 City **St. Louis, Missouri.** (No. **Jewish Hospital.**) St. .... Ward) **9865**  
 Registered No. **2421**

2. FULL NAME *Flourance David*

(a) Residence, No. .... St. **NR** Ward. **Bonne Terre, Missouri.**  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Roscoe David**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **December 16, 1909**

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<b>27</b>	<b>2</b>	<b>11</b>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife.**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) **Ste Genevieve, County, Missouri.**  
 (STATE OR COUNTRY)

13. NAME **James V. McClanahan**

14. BIRTHPLACE (CITY OR TOWN) **St. Francis County, Missouri.**  
 (STATE OR COUNTRY)

15. MAIDEN NAME **Tesse Highby.**

16. BIRTHPLACE (CITY OR TOWN) **St. Francis County, Missouri.**  
 (STATE OR COUNTRY)

17. INFORMANT **Roscoe David**  
 (ADDRESS) **Bonne Terre, Missouri.**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **K of P. Farmington Mo** **2/28/37.** 19

19. UNDERTAKER **Albert H. Hoppe Inc.**  
 (ADDRESS) **429 N. Euclid Ave.**

20. FILED **MAR 1 1937**  
*J. Bredeck*  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2/27/37**, 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **2/16**, 19**37**, to **2/27/37**, 19**37**.

I last saw h. p. r. alive on **2/26**, 19**37**. Death is said to have occurred on the date stated above, at **5:30** a. m.

The principal cause of death and related causes of importance were as follows:

*Subacute bacterial endocarditis* Date of onset **Aug 1936**

**1570**  
 Other contributory causes of importance:  
*Congenital heart disease*

Name of operation ..... Date of .....  
 What test confirmed diagnosis? *None Culture* Was there an autopsy? *No.*

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify .....

(Signed) *David J. ...* M. D.  
 (Address) *Jewish Hospital*

