

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

Do not use this space.

2782

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 376.1 West Pine Ber) St. _____ Ward _____

2. FULL NAME

Patrick J. Flynn
 (a) Residence. No. _____ St. 19 Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Estella M Flynn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 25 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>57</u>	<u>0</u>	<u>15</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Coal Salesman
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Iowa

10. NAME OF FATHER Patrick Flynn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mollie Flynn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland

(STATE OR COUNTRY)

14. INFORMANT Mrs Estella M Flynn

(Address) 376.1 West Pine Ber

15. FILED Nov 11 1928 Mar. 6 Starkloff

REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-10 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 6, 1928, to Jan 10, 1928
 that I last saw him alive on Jan 9, 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

90B
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? _____

18 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Reuben W Smith M. D.

1/10, 1928 (Address) 1575 Lafayette St

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cemetery

DATE OF BURIAL

1-13 1928

20. UNDERTAKER

ADDRESS

Arthur J. Donnelly 2039 Wash St

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.

1881

City Hospital