

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

Do not use this space.

43204

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. Conducta to City Hosp) Registered No. 12510  
 St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 4314 N. Pine St. 19 Ward. ....  
 (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. moa. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Peter A. Connolly</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 18, 1867</u>					
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .... hrs. or .... min.	
	<u>61</u>	<u>6</u>	<u>8</u>		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>at Home</u> (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) <u>Potosi Missouri</u>					
PARENTS	10. NAME OF FATHER <u>John Flynn</u>				
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>				
	12. MAIDEN NAME OF MOTHER <u>Rose Cashen</u>				
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>				
14. INFORMANT (Address) <u>Rose Flynn Peter 4314 N Pine</u>					
15. FILED <u>DEC 23 1928</u> <u>Max C Standen</u> REGISTRAR					

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-20 1928

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at 11 45 P M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Stroke & Injuries  
from  
Stroke by auto in City  
 CONTRIBUTION (SECONDARY) either accidental or Criminal (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH  
 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....  
 WAS THERE AN AUTOPSY? Yes  
 WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) Max V. Davis M.D.  
17 22 28 (Address) Dep Coroner

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Potosi Mo</u>	DATE OF BURIAL <u>Dec 24 1928</u>
20. UNDERTAKER <u>Hanigan &amp; Shuhan</u>	ADDRESS <u>Washington</u>

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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.

