

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

Do not use this space.

30381

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. 6037, Westminster Pl. St. Ward)

File No.....
Registered No. 8031

2. FULL NAME

(a) Residence, No. Mary Flynn St. 5 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. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt. 79 Unknown

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Does not know

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) (STATE OR COUNTRY) England 8

MOTHER FATHER 13. NAME John Flynn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 1

MOTHER 15. MAIDEN NAME Jane McGeary

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs. Catherine Kaselov

(ADDRESS) 6037 Westminster Pl

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Sept 5 1932

19. UNDERTAKER Arthur J. Donnelly, Inc 60

(ADDRESS) 2039 Wash St

20. FILED SEP - 1 1932 W. J. C. Stander Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3rd 1932

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1932 to Sept 2nd 1932
I last saw her alive on Sept 2, 1932—Death is said to have occurred on the date stated above, at 4^{am}.

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

Chronic myocarditis
131
93C 131
Date of onset 6-19-32

Other contributory causes of importance: Chronic Interstitial Nephritis

Name of operation none (D) Date of.....

What test confirmed diagnosis? Was there an autopsy?.....

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? no

If so, specify.....

(Signed) George P. Conelli, M. D.
(Address) 3905 Olive St
Wall Bldg

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.

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

Dr. J. J. ...

... ..

... ..