

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

Do not use this space.

MAR 24 1934

791
1003

File No. 6504
Registered No. 1345
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St Louis (No. 4015, Grove St)

2. FULL NAME

Mary Flynn
(a) Residence, No. 4015 Grove St. 10 Ward. (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) March 6th 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 10 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker
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) St Louis

13. NAME John Flynn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

15. MAIDEN NAME Katherine Beaudouat

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

17. INFORMANT (ADDRESS) Katherine Beaudouat
4015 Grove St

18. BURIAL, CREMATION, OR REMOVAL
PLACE to always DATE Feb 7th 1934

19. UNDERTAKER (ADDRESS) Arthur J. W. Connelly
3840 E. 12th St

20. FILED FEB - 11 1934 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4th 1934

I HEREBY CERTIFY, That I attended deceased from Jury, 1934 to Feb 4, 1934
I last saw her alive on Feb 4, 1934 Death is said to have occurred on the date stated above, at 1245
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: _____

Chronic Pulmonary
with tuberculosis
Tuberculosis meningitis.
Date of onset 3.9.20

Name of operation none 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? no 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 not known

(Signed) H. H. H. H. H., M. D.
(Address) 5076 Union Blvd.

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

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.

Dr Harry G. White
5010 Union Ave.

7-23-

Jan 1080