

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

Do not use this space.

15258

File No. 4508

Registered No. \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 707

Township \_\_\_\_\_ Primary Registration District No. 1003

City St. Louis (No. City Infirmary)

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. City Infirmary 13 St. 5800 Arsenal Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma J. Bell Margaretta Flanagan Divorced Both

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-9-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
69 11 21

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blank-Boer Extract + Preserve Co.

10. Date deceased last worked at this occupation (month and year) 1916 11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York N.Y.

13. NAME James Flanagan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) X Y

15. MAIDEN NAME Emily Poolaw

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

17. INFORMANT (ADDRESS) J. A. Sullivan 5800 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE City Crematory DATE MAY -3 1934

19. UNDERTAKER (ADDRESS) J. Ryan City Infirmary

20. FILED MAY -3 1934 J. Brebeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/30 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/27, 1934, to 4/30, 1934

I last saw him alive on 4/30, 1934. Death is said to have occurred on the date stated above, at 11:35 P.

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

Chr Myocarditis - cardiac decompensation  
arteriosclerosis  
arteriosclerosis  
Other contributory causes of importance: arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? No  
If so, specify \_\_\_\_\_

(Signed) Dr. Stessman, M. D.  
(Address) Doul Skoop

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.

JUN 19 1934

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