

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

Do not use this space.

31316

8622

1. PLACE OF DEATH SEP 13 1934

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1008**  
City **St. Louis** (No. **3666**, **Flora Blvd**) St. .... Ward) .....

File No.....  
Registered No.....  
St. .... Ward)

2. FULL NAME **Dr. George William Flynn**

(a) Residence, No. **3666 Flora Blvd** St. **17** 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 **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 **Clara Heins Flynn**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 9 1888**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**48 10 14**

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Data deceased last worked at this occupation (month and year) **June** 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) **Farmington** (STATE OR COUNTRY) **Mo**

13. NAME **William Flynn**

14. BIRTHPLACE (CITY OR TOWN) **Franklin County** (STATE OR COUNTRY) **Mo**

15. MAIDEN NAME **Katherine Dolan**

16. BIRTHPLACE (CITY OR TOWN) **Mo** (STATE OR COUNTRY)

17. INFORMANT **Clara Flynn** (ADDRESS) **3666 Flora**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Aug 27 1934**

19. UNDERTAKER **William Brown** (ADDRESS) **427 Campbell Blvd**

20. FILED **Aug 25 1934** **J. Brebeck** Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 23 1934**

22. I HEREBY CERTIFY, That I attended deceased from **March 16 1934** to **Aug 23 1934**. I last saw him alive on **Aug 23 1934**. Death is said to have occurred on the date stated above, at **4:00 P.M.**

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

**Chronic Myocarditis**  
**131**  
**73 = 131**  
**Chronic Interstitial Nephritis**

Other contributory causes of importance:

Name of operation **None** Date of .....

What test confirmed diagnosis? **Laboratory** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? .....

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) **Matthew J. Cyster** M. D.

(Address) **1010 Fair Burn Bldg.**

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. Alexander  
Nicholas Bly  
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