JUL 27 1936

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

Do not use this space.

1. PLACE OF DEATH
County St Louis. Registration District No. 785 File No. 24092
Township Central Primary Registration District No. 3037 Registered No. 76
City (No. ST. AGNES Home St. Ward)

2. FULL NAME MARGARET FLYNN.
(a) Residence, No. 2347 CASS AV. St., 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): WIDOW
5A. IF ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF John T. FLYNN
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC 21 - 1854
7. AGE: YEARS 81 MONTHS 6 DAYS 8 If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME UNKNOWN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND.

MOTHER
15. MAIDEN NAME UNKNOWN.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND.

17. INFORMANT (ADDRESS) St Agnes Home Kirkwood Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM. DATE JULY 1. 1936
19. UNDERTAKER (ADDRESS) E. J. Schnur 31 25 Lafayette av.
20. FILED 6/30 1936 Agnes C. Kelly Dept. Registrar

MEDICAL CERTIFICATE OF DEATH

Attention Coroner

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29th 1936
22. I HEREBY CERTIFY That I attended deceased from June 3rd 1936, to June 12th 1936
I last saw her alive on June 12th 1936 Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilitation	1 da
Hemi-plegia right side Hypertension	12 da

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Other contributory causes of importance:
Cardio-vascular-renal disease. Senility.

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

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
OVER OK

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) W. F. Quealley, M. D.
(Address) Webster Groves, Mo.

Resided at St. Agnes Home since Dec 30th. 1935 to date of date.

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.

This certificate approved by Coroner,
because pt. suddenly fell dead while sitting
in chair in home for infirms.