AUG - 5 1937

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

Do not use this space.

File No. 25850

Registered No. 7024

1. PLACE OF DEATH

County 1

Registration District No. 791

Primary Registration District No. 1003

City St. Louis (No. 3501 a Utah St., St. Ward)

2. FULL NAME Ellen F. Flanagan

(a) Residence, No. 3501a Utah St St., 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
64	64	11	15	

OCCUPATION

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

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 Mo.

FATHER

13. NAME Martin McHugh

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

MOTHER

15. MAIDEN NAME Bridget Kneafsy

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

17. INFORMANT Margaret McHugh
(ADDRESS) 3501 Utah St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemt. DATE 7-26 1937

19. UNDERTAKER Arthur J. Donnelly
(ADDRESS) 3840 Lindell Blvd.

20. FILED JUL 24 1937 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 1937

22. I HEREBY CERTIFY, That I attended deceased from July 15 1937, to July 23 1937

I last saw her alive on July 22 1937. Death is said to have occurred on the date stated above, at 7:45 A. M.

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

	Date of onset
Cancer Sigmoid	

Other contributory causes of importance:

Locked bowel

Name of operation ..... 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) O. T. Upshaw, M. D.

(Address) 3115 So Grand Av

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.

3115 S Grand

1 - 3 Pm