

DEC 13 1937

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
39757
Do not use this space.

10744

1. PLACE OF DEATH

(a) County Registration District No. 1003
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. City Hospital No. 1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

C. 12194

2. PRINT FULL NAME

John Flynn

(a) Residence, No. 1218 Monroe St. 26 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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) Sept 17 - 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 2 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Common laborer
 9. Industry or business in which work was done, as 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) Ireland13. NAME Michael Flynn14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Ellen Raleigh16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.17. INFORMANT Hosp. Info M. Kent (ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE Cadwary DATE Nov 23 193719. FUNERAL DIRECTOR My Reider and Co (ADDRESS) 17 N. Market St20. FILED NOV 21 1937 J. Brebeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/19/3722. I HEREBY CERTIFY, That I attended deceased from 11/18/37, 1937, to 11/19/37, 1937.

I last saw him alive on 11/19/37, 1937. Death is said to have occurred on the date stated above, at 5.50 p.m.
 The principal cause of death and related causes of importance were as follows:

Branchopneumonia

Date of onset

Other contributory causes of importance: 107

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

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?

If so, specify (Signed) Charles M. Jessico, M. D.
 (Address) City Hospital No. 1

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....
L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed

W. H. Siedler

Licensed Embalmer No.

2256

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

10737