

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

23268
Do not use this space.

REC'D AUG 12 1938

791
1008

5962

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City..... St. Louis, Mo. (d) Street No. Forest Park Hotel St. Mo.
 (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.

2. PRINT FULL NAME Mary Louise Flynn

(a) Residence, No. Forest Park Hotel St. 12
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) Aug. 19, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 10 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME
 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) St. Louis, Mo.

FATHER 13. NAME John Flynn
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Rose Cashen
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

17. INFORMANT (ADDRESS) ROSE FLYNN
FOREST PARK HOTEL

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE July 4, 1938.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arthur J. Donnelly.
3840 Lindell Blvd.

20. FILED JUL 3 1938 J. D. [Signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1937, to July 2nd, 1938
 I last saw him/her alive on July 2nd, 1938 Death is said to have occurred on the date stated above, at 9:50 A.M.
 The principal cause of death and related causes of importance were as follows:
Pemphigus foliaceus
Broncho Pneumonia July 1st 1938
 Date of onset April '37

Other contributory causes of importance

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?.....
 If so, specify Clinton H. Lane, M. D.
 (Signed) Clinton H. Lane (Address) 508 No Grand Ave.

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.

1 X14223

W. Clinton Lewis
508 N. Grand
Jefferson 1858

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 4204 Prairie

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.)

If this body is not embalmed, above space should be left blank.