

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

34312
 Do not use this space.

1938 NOV 16 1938

1. PLACE OF DEATH

(a) County..... 2 Registration District No. 791
 (b) Township..... Primary Registration District No. 1003 Registered No. 9298
 (c) City St. Louis (d) Street No. 4831 Lee Ave St. 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 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Russell J. Flannery

(a) Residence, No. 4831 Lee Ave St. 7
 (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 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) Mar 6th. 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
53 7 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoe Worker
 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) 4/30/38 11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Redding Calif.

FATHER 13. NAME James F Flannery

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

MOTHER 15. MAIDEN NAME Emma Rinsell

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

17. INFORMANT Mrs Dorothy Paul
 (ADDRESS) 4831 Lee Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemt DATE 10/27/38

19. FUNERAL DIRECTOR (Name) Harrigan & Sheahan Und
 (ADDRESS) 4415 Washington Blvd.

20. FILED OCT 26 1938 J. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/24/38 1938

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1938, to Oct 24, 1938
 I last saw him alive on Oct 24, 1938 Death is said

to have occurred on the date stated above, at 12:45pm

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

Meta. static carcinoma of lungs Date of onset 6 mo.
Carcinoma larynx 2 yrs

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis? lab Was there an autopsy? No

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) Arthur S. Slesack, M. D.
 (Address) 2207 University

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. J. J. ...
2-200 ...
12-2

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 Guy W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address

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.