

DEC 12 1938

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

37553

Do not use this space.

9880

1. PLACE OF DEATH

- (a) County..... 2 Registration District No. 791
(b) Township..... 1 Primary Registration District No. 1003
(c) City St. Louis (d) Street No. 1246 Amhurst Pl. 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.

2. PRINT FULL NAME

- (a) Residence, No. 1246 Amhurst Pl. St. 5
(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) Married.

- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harriet Flanegan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7, 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 1 6

- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. R.R. Clerk.
9. Industry or business in which work was done, as saw mill, bank, etc. Terminal R.R.
10. Date deceased last worked at this occupation (month and year) Oct. 1932 11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio. 1

- FATHER 13. NAME Perry Flanegan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio. 1

- MOTHER 15. MAIDEN NAME Louisa Archer.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 1

17. INFORMANT Mrs. Harriet Flanegan.
(ADDRESS) 1246 Amhurst Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Pk. Cem. DATE Nov. 16, 1938

19. FUNERAL DIRECTOR Jos. W. Clark.
(ADDRESS) 1125 Hodiemont Ave.

20. FILED NOV 15 1938 J. P. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13 1938, to Nov 13 1938
I last saw him alive on Nov 13 1938. Death is said to have occurred on the date stated above, at 10.45 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Date of onset Nov. 13 38

- Other contributory causes of importance: Arteriosclerosis 1933

- Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____ M. D.
(Signed) J. P. Bredeck
(Address) 4500 Olive St.

W.C. ... 1/1/8
4550 Olive
Folder 13445-
PO 2866 2-4-

STATEMENT BY LICENSED EMBALMER

I, A. J. Neely, Licensed Embalmer No. 3225

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed A. J. Neely
Licensed Embalmer No. 3225

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.)