

NOV 13 1939

Registration District No. 791Primary Registration District No. 1008

1. PLACE OF DEATH:

- (a) County St. Louis
- (b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:
3923 Flad Ave
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution _____
(Specify whether _____)
- In this community _____
years, months or days

3. (a) PRINT FULL NAME Charles J. Flynn3. (b) If veteran,
name war No8. (c) Social Security
No. No4. Sex Male5. Color or
race White6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife
Catherine M. Harkins6. (c) Age of husband or wife if
alive 50 years7. Birth date of deceased February 16 1887
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
52 7 18 hr. min.9. Birthplace St. Louis
(City, town, or county) (State or foreign country)10. Usual occupation City of St. Louis11. Industry or business Street Department12. Name James Flynn13. Birthplace Dont Know
(City, town, or county) (State or foreign country)14. Maiden name Mary O'Connor
(City, town, or county) (State or foreign country)15. Birthplace Dont Know
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Catherine M. Flynn(b) Address 3923 Flad Avenue17. (a) Burial (b) Date thereof 10/6/39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary18. (a) Signature of funeral director Miss Thomas(b) Address 1519 So. Grand19. (a) OCT 5 1939 (b) J. J. Baskin
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County 1
- (c) City or town St. Louis, Missouri. 17
(If outside city or town limits, write "RURAL")
- (d) Street No. 3923 Flad Avenue
(If rural, give location)
- (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3
year 1939 hour 11 minute 45 P. M.21. I hereby certify that I attended the deceased from Oct 14
1934, to Oct 3, 1939that I last saw him alive on Oct 3, 1939.

and that death occurred on the date and hour stated above.

Immediate cause of death

Arterio sclerosis
chronic Myocarditis

Duration

5 years

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature Thos. M. Mathison (M. D. or other) _____Address 607 No Grand Date signed 10/5/39

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 Thomas J. Finnan

Licensed Embalmer No. 1197

P. O. Address 15795 Grand

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

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