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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 948

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 948

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County FILED FEB 17 1940

(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: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3723 Cote Brilliante Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William Flanery 456

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of ~~husband or wife~~ wife Lavena Flanery

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased December (Month) 17 (Day) 1893 (Year)

8. AGE: Years 46 Months 1 Days 12 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Shoemaker O

11. Industry or business - Unemployed O

FATHER
12. Name William Flanery O
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Silvey
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lavena Flanery
(b) Address 3723 Cote Brilliante Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Sullivan Bros.
(b) Address 2849 No Euclid Ave

19. (a) JAN 31 1940 (Date received local registrar) (b) J F Bridek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29, year 1940 hour 6:40 minute P. M.

21. I hereby certify that I attended the deceased from January 21, 1940 to January 29, 1940 that I last saw him alive on January 29, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to Pneumonia Type III

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. J. Pieri (M. D. or other)

Address 1515 Lafayette, Date signed 1/30/40

(Licensed Embalmer's Statement on Reverse Side)

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. me

working under my personal supervision.

Signed Al Mayfield

Licensed Embalmer No. 3077

P. O. Address.....

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

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