

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

1931

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.

JUN 25 1940

791

1003

State File No.

Registrar's No.

3937

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: 3937 Delmar Blvd 2
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
In this community 3937 Delmar Blvd

8. (a) PRINT FULL NAME Flora A. Flannery USA

8. (b) If veteran, name war *****
8. (c) Social Security No. *****

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Joseph Flannery
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 27 1862
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 2
If less than one day _____ hr. _____ min.

9. Birthplace Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Louis M. Howland
13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Lutricia Mansdell
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary Farley
(b) Address Kansas City Mo

17. (a) Burial (b) Date thereof May 3 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) MAY 3 1940 (b) _____
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 19
(If outside city or town limits, write "RURAL")
(d) Street No. 3937 Delmar Blvd
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION
No attending physician
20. DATE OF DEATH: Month April day 29th
year 1940 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis; Chronic Interstitial Nephritis.
Duration _____

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 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? _____

While at work? _____ (Specify type of place)
Means of injury _____
28. Signature Walter Perry (M. D. or other) _____
Address Deputy Coroner Date signed 5.2.40

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

Paul J. Duran

Licensed Embalmer No.

2241

P. O. Address

St. Louis, Mo

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.