

No. 2
13-40
7-39
X23159

43780

State File No. _____

FILED JAN 8 1941
Registration District No. 784

Primary Registration District No. 101

Registrar's No. 2458

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Clayton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis County Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
 (Specify whether
 In this community 20 years
 years, months or days)

3. (a) PRINT FULL NAME John Flaherty
 3. (b) If veteran, name war unknown
 3. (c) Social Security No. unknown

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Marie Flaherty
 6. (c) Age of husband or wife if alive ? years
 7. Birth date of deceased Mar. 9 1873
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>9</u>	<u>17</u>	hr. _____ min. _____

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

10. Usual occupation Gardener

11. Industry or business _____

12. Name John Flaherty

13. Birthplace Montreal Canada.
 (City, town, or county) (State or foreign country)

14. Maiden name Alice Kelly

15. Birthplace Unknown Ireland
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Flaherty

(b) Address 122 W. Lockwood

17. (a) Burial (b) Date thereof 12-27-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Robert Wood Co

(b) Address Webster Groves

19. (a) DEC 27 1940 (b) R. Meyer M.D. St. L.
 (Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis
 (c) City or town Webster Groves
 (If outside city or town limits, write "RURAL")
 (d) Street No. 122 W. Lockwood
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26
 year 1940 hour 5 minute :50 P.M.

21. I hereby certify that I attended the deceased from 12-23-40
 _____, 19____, to 12-26-40, 19____;
 that I last saw him alive on 12-26-40, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
 Due to Atherosclerotic Heart Disease with Decompensation
 Duration few minutes
3-4 hrs.

Other conditions ASD
 (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?
 (Specify type of place) _____
 While at work? _____ (e) Means of injury _____

23. Signature Lee Hale (M. D. or other) _____
 Address Co. Hwy Date signed _____

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

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 Carin B. Lang
Licensed Embalmer No. 1081
P. O. Address Webster Groves

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, fact should be so stated above.