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X23159

LED MAR 25 1941 7917
Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis

(c) Name of hospital or institution
4204 W Kossuth 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 James Flanagan

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Alice Flanagan

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

7. Birth date of deceased February 24, 1852
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

88 11 9 hr. min.

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

10. Usual occupation Government Cook

11. Industry or business U. S. Government

MOTHER FATHER {

12. Name J. Flanagan

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nana Schweitzer

(b) Address 4204W Kossuth Ave.

17. (a) Burial (b) Date thereof Feb. 6, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot-Carroll Und.

(b) Address 4600 Natural Bridge Ave.

19. (a) FEB 4 1941 (b) J. W. Bredeck
(Date received local registrar) (Registrar's signature)

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. 4204W Kossuth Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 3 day _____
year 1941 hour 4 minute 21 M.

21. I hereby certify that I attended the deceased from _____, 1941, to Feb. 3, 1941
that I last saw him alive on Feb. 2, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bright's Disease

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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? _____

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

23. Signature R. J. Hughes M.D. (M. D. or other) _____
Address 4158 Newstead Date signed 2/3/41

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.....

Samuel H. Stewart

Licensed Embalmer No. 2265

P. O. Address 4600 Nat Bridge av

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

If this body is not embalmed, fact should be so stated above.