

No. 2
4-13-40
5-17-39
I X23189

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12821
State File No.

791

1003

3251
Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks
In this community life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary G. Flaherty.
(b) If veteran, name war none
(c) Social Security No. 494-01-6324a

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single (1)

6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive none years

7. Birth date of deceased Feb. 26, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 1 17 hr. min.

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

10. Usual occupation Attendant

11. Industry or business Noonday Club.

MOTHER FATHER { 12. Name Patrick Flaherty.
13. Birthplace Ireland. 4
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Flaherty.
15. Birthplace Ireland. 4
(City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address 5228 Highland Ave.

17. (a) Burial (b) Date thereof Apr. 16, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bernard Dickson
(b) Address 1431 Union Blvd.

19. (a) APR 15 1941 (b) J. W. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 176
(If outside city or town limits, write "RURAL") 9
(d) Street No. 5228 Highland Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1941 hour 9 minute 30 a.m.

21. I hereby certify that I attended the deceased from Oct., 1939, to April 13, 1941,
that I last saw her alive on April 12, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Hypertensive Heart Disease 3+

Due to _____
Due to 9/2 _____
Other conditions Paralysis agitans (Parkinson's D.) Eye (blinky)
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: _____
Of operations 11-2
Of autopsy 11-2

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? 0

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

23. Signature Melvin Jess (M. D. or other) M.D.
Address: 3611 St. Louis Ave. Date signed 4-14-41

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

3611 STP
overman

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 John Ketter
Licensed Embalmer No. 3880
P. O. Address.....

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.